HEADQUARTERS
PENINSULAR BASE SECTION
MEDITERRANEAN THEATER
Office of the Theater Chief Surgeon
APO 782 US Army

20 February 1946

CIRCULAR LETTER No. 3

MEDICAL ADMINISTRATION
FOREWORD

The following circular will serve as a guide for medical administration in this Theater. All principles stated herein are based on current War Department directives. It is not within the scope of this work to cover all the details of medical administration. Rather the more important points have been discussed. Each section contains references to the appropriate War Department Circular or Army Regulations concerned, and these should be studied for the exact steps in making out reports.

The administration of an organization reflects the efficiency of that organization. With the theater now greatly reduced in size it is to be expected that higher standards will be maintained than during the war period. Any comments or questions concerning records will be welcomed by this office.

Wm. W. NICHOL
Colonel, M. C.
SURGEON, MTOUSA

TABLE OF CONTENTS

SECTION I. RESCISSIONS.

1. The following listed directives, Office of the Surgeon, MTOUSA, are rescinded.

Circular Letter No. 1, dtd 1 January 1945
Section I, Section II, Circular Letter 9, dtd 12 March 1945
Section III, Section IV, Circular Letter No. 13, dtd 4 April 1945
Section I, IV, V, Circular Letter No. 14, dtd 13 April 1945
Section III, Circular Letter No. 15, dtd 8 May 1945
Section I, Circular Letter No. 16, dtd 11 May 1945
Circular Letter No. 19, dtd 6 June 1945
Section II, Circular Letter No. 20, dtd 9 June 1945
Circular Letter No. 22, dtd 29 June 1945
Circular Letter No. 24, dtd 31 July 1945
Circular Letter No. 26, dtd 20 September 1945
Circular Letter No. 27, dtd 1 October 1945
Circular Letter No. 28, dtd 2 October 1945
Circular Letter No. 29, dtd 8 October 1945
Circular Letter No. 30, dtd 30 October 1945

2. The following directive, Office of the Surgeon, NATOUSA, is rescinded.

Letter AG 729/14 Surg-, Subject "Report of Essential Technical Medical Data", dtd 22 August 1943.

SECTION II. RECORDS OF SICK AND WOUNDED.

1. Forms Used. Reference is made to AR 40-1025, as amended. Reports of Sick and Wounded in this Theater are the Emergency Medical Tag (WD AGO Form 8-26), the Field Medical Card (WD AGO Form 8-27), and the Field Medical Record Jacket (WD AGO Form 8-28).

2. General. In preparing these forms, the following principles will govern:

a. An Army patient is one who is listed as Army personnel and who is under treatment or observation in an Army medical installation or any other installation. A patient is treated either on a "duty" or an "excused from Duty" status. If he returns to duty on the same calendar day, he is on a duty status. If he crosses the midnight line and does not return to duty on the same calendar day as admission, he is on an excused from duty status, and the day of admission is a hospital or quarters day for him.

b. Individual records will be made on all patients on an excused from duty status. In addition, records will be kept on the following types of cases who are being treated on a duty status. These cases are known as carded for record only.

(1) Venereal Disease Cases. In this theater only Gonorrhea, if treated on a duty status, will be carded for record only.

(2) WIA Cases. Those on a duty status.

(3) Pregnancies. On an out patient basis.

(4) Other out patients. Any condition which does not require hospitalization and which might possibly result in a future claim against the Government.

(5) Deaths. Those not hospitalized.

(6) Separation cases. Those separated from the service for disability (CDD), constitutional psychopathic state, or other conditions as defined in Section II, par 8 d, AR 40-1025.

c. A "dispensary" refers to any Army facility other than a hospital or convalescent facility attended by a medical officer to provide medical care for Army personnel. An aid station is a dispensary in a combat area and will be termed aid station. A case is considered completed when it is disposed of by any other way than by transfer or evacuated to the Zone of the Interior.

3. The Emergency Medical Tag (WD AGO Form 8-26). This will be made out with great care. Such tags form a part of the patients' 201 file in Washington and may be the only record that the War Department will have of that patient. If possible, the tag will be typed. Otherwise all writing will be in print. The tag will be made out for all cases mentioned above in 2 b. In the case of a man directly admitted to a hospital, the tag need not be made out, and in the source of admission on WD AGO Form 8-27 may be marked "DIRECT". The steps on Form 8-26 will be carried out as follows:

a. Name and Army Serial Number. The patient's last name will come first, followed by his first name, middle initial (if any) and serial number. The term NMI, if no middle initial, will not be used.

b. Grade. Abbreviations will be in accordance with AR 850-150. No change in grade during the current admission will be recorded.

c. Arm or Service. The arm or service of the individual along with his organization will be entered. If the individual is a member of the WAC, the term (WAC) will be entered. If the individual is of the Air Corps, note will be made whether he is on flying status or a member of the ground personnel.

d. Age. Age will be reported as of the last birthday.

e. Race. The symbols W,N,F,PR,CH,JP,MX, and I will be used to designate White, Negro, Filipino, Puerto Rican, Chinese, Japanese, Mexican and American Indian respectively.

f. Nativity. No entry is required.

g. Length of Service. The patients total current service will be recorded in years and months as a fraction of twelve. For example, 4 years, 5 months and 27 days service will be recorded as 4 5/12.

h. Location where tagged. The name of the medical installation, APO, and Italy will be marked. For example, 1st Bn Aid Station, 350th Inf, APO 88, Italy, or 61st Station Hospital, APO 782, Italy. Location will not be stated. The patient is considered a "direct admission" at the medical installation where he is first tagged. That installation only will carry him as a direct admission on their Form 8-122. At all succeeding installations he is an admission by transfer.

i. Date of Admission. This will be written day, month, year.

j. Hour of Admission. The 2400 system will be used.

k. Diagnosis. All diagnoses, if made, will conform with TB MED 203, dated 19 October 1945. All conditions will be classified as disease, non-battle injuries, or battle wounds or injuries.

(1) Disease. If the case is such, "DIS" will be marked in the upper left hand corner of the tag. If a definite diagnosis cannot be made, such terms as FUO (fever of unknown origin), NYD (not yet diagnosed), or OBSN FOR (observation for, followed by a diagnosis or symptoms) may be used. However, a brief history of the case with symptoms and any findings must be given.

(2) Non-battle injuries. If a definite diagnosis cannot be given, the terms POSS or OBSN FOR may be used. In all cases the location and time of occurrence of the injury and the circumstances under which it happened must be clearly stated. In these cases, the initials NBI will be marked in the upper left hand corner of the tag.

(3) Battle injuries or wounds. The following abbreviations are authorized for all types of injuries or wounds.

LIA - Lightly injured in action
SIA - Severely injured in action
LWA - Lightly wounded in action
SWA - Severely wounded in action
AI - Accidentally incurred
CW - Contused wound
FC - Fracture compound
FCC - Fracture compound comminuted
FS - Fracture Simple
LW - Lacerated wound
MW - Multiple wounds
PenW - Penetrating wound
PerfW - Perforating wound
SV - Severe
S - Slight

If the injury or wound is caused in battle, one of the first four abbreviations mentioned above will be marked in the upper left hand of the card. The location and time of the occurrence will be noted. If possible, the type of enemy missle will be noted. An example would be as follows:

SWA, ENEMY MORTOR FRAG, (1) PEN W POSS FC LT THIGH, (2) CW RT ELBOW, (3) PERF W RT ANT CHEST, OCCURRED VIC MODENA ITALY 1400, 25 JULY '46.

l. Line of Duty. If in doubt write "UNDET". If more than one condition, the LD must be determined for each. Reference is made to AR 345-415, dated 14 August 1945 and to AR 40-1025.

m. Treatment Given. Treatment given will be clearly stated. In the case of chemotherapy, the time and dosage will be stated. If tetanus toxoid or morphine are not given, these will be lined out.

n. Disposition. When a patient is discharged to duty, it will be specified as to general or limited duty as outlined in C2, AR 40-1025, dated 14 January 1946. If the patient is transferred to another medical installation for further observation and treatment, the name of the installation will be noted, along with the date and hour. If he is placed in quarters, or carded for record only, it will be so marked. In those carded for record only, the initials CRO will be put in the upper right hand corner of the tag.

o. Signature. The tag will be signed by a medical officer working in that installation, though a medical administrative officer may sign if necessary. A dental officer will of course sign dental cases.

p. Supplemental Record. If the patient has any emergency treatment worthy of note on way to another medical installation, it will be noted here. On arriving at the medical installation to which the patient has been transferred the said installation will note the date and time of arrival as well as the designation of said installation. If the installation is a hospital the patient's record will then be continued on form 8-27. If the installation is another dispensary or a clearing station, the treatment, diagnosis, line of duty, disposition and date will be entered under "supplemental record" and signed by a medical department officer of that installation. If the diagnosis is the same as on the front of the card, then it may merely be concurred in. However, if there is a change in diagnosis, it will be rewritten.

If the case had been disposed of to quarters on the front of the tag, the treatment, diagnosis, etc. will be written as mentioned above. Disposition may be to duty or another medical installation.

q. The emergency medical tag will accompany the patient till he is discharged to duty. The installation which discharges him to duty will keep the tag along with his other records, and forward them through technical channels. An exception to this rule is in a case of Gonorrhea treated on a duty status. If the patient has been tagged in his unit dispensary and then goes to another installation for diagnosis and treatment, returning the same day, the card becomes a CRO case, and the original unit will report the case.

4. The Field Medical Card (WD AGO Form 8-27). This form will be initiated at the first hospital where the patient is admitted. It will remain with the patient throughout his illness and be forwarded when the case is completed. It will be made out in the same principles as prescribed above for the Form 8-26. Each successive hospital at which a patient is treated will fill in the next space on the card. In the case of a patient admitted directly to a hospital on an excused from duty status, the emergency medical tag may be eliminated and the word DIRECT noted under "Source of Admission".

5. The Field Medical Record Jacket (WD AGO Form 8-28). This form will also be initiated at the first hospital to which the patient is admitted.

It will contain the emergency medical tag (Form 8-26), the Field Medical Card (Form 8-27) and any clinical records which the respective hospital commanders may deem necessary to accompany the patient to another installation. A copy of the board proceedings in the case of a patient who is classified as Class "D" will be included in the jacket when the patient is evacuated.

6. Clinical Records (WD MD Form 55, 55A, MTOUSA MD Form 3, WD AGO Form 8-33). These forms may be used in any case on an excused from duty status as desired. They will not be forwarded on completion of a case with the Field Medical Jacket but will be disposed of in accordance with War Department pamphlet 12-14, dated September 1945, by the hospital completing the case.

SECTION III. THE REPORT SHEET OF SICK AND WOUNDED (WD AGO FORM 8-23).

a. This form will be made out by every medical installation except battalion aid stations which are part of a reginental medical detachment. In this case the reginental medical detachment will include the battalion aid stations in their report. Likewise a medical battalion will submit one report for its four companies. The report sheet will include data from midnight of the last Friday of the preceeding month till midnight of the last Friday of the current month. Similarly the medical records to accompany the report sheet will be for the same period. When a unit is inactivated, a report marked "FINAL" stating the inactivation order will be submitted as of the inactivation date.

b. The report will be made out in accordance with instructions on the form and with AR 40-1025. Under "Composition of Command" a distinction will be made between those units actually attached to the unit and those attached for medical care only. Under "Variations in Organizational Composition" will be noted the arrival and departure of attached units during the period. Under "General Remarks" will be mentioned any change in location with the dates of arrival to and departure from principle camps occupied during the report period. Also under "General Remarks" units activated or inactivated will state the date and order directing the action.

c. The Report Sheet of Sick and Wounded will be forwarded through technical channels so as to have one copy reach this office. One information copy will be sent to the Medical Advisor, MTOUSA, APO 512, U.S. Army.

d. With the completion of a case, all records, (except Clinical Records, of that case starting with the emergency medical tag will be fastened together and forwarded with the Report Sheet. Wires and strings will be removed from EMT's and jackets. The duplicate EMT will not be forwarded but kept in the original unit for information as desired, except in the case of AAF flying personnel. In the case of AAF flying personnel as defined by par 42 G., AR 40-1025, copies of individual medical records will be kept with the originals and forwarded when the case is completed. A separate Form 8-23 need not be forwarded with these as stated in par 111 b, c2, AR 40-1025, dated 14 January 1945. Copies of clinical records will not be made.

e. Remaining Cards. On the last Friday of each February, each hospital and fixed dispensary will take an inventory of all cases on hand as of midnight of that Friday of cases which were initially admitted before 1 January. An individual medical record will be made of each case to include the date of initial admission, designation and location of the first installation to admit the patient, list of diagnoses, operations performed, and total number of days lost. The form 8-27 may be used for this and will be marked REMAINING at the top. All "Remaining" cards will be fastened as a group and forwarded with the report of the month of February. If no cases are "remaining", a negative report for these will be submitted. Reference is made to par 115, AR 40-1025.

SECTION IV. WEEKLY STATISTICAL HEALTH REPORT.

1. General.

a. Current Statistical Health Report. - Current statistical health report will be rendered in accordance with the general instructions prescribed by these regulations and by such specific instructions as are printed on the respective forms for completing these reports, so far as the latter instructions are not in conflict with these and other regulations. References are AR 40-1080, dated 28 August 1945, AR 40-1025, dated 12 December 1944 - change 1, dated 5 February 1945 and change 2, dated 14 January 1946.

b. Object. - The object of the statistical health report is to provide The Surgeon General and the Chief Surgeon in the theater of operations with current information on the health and hospitalization of the Army.

c. Plan of Report. - The required information will be reported on WD AGO Form 8-122, dated 1 July 1945, which is divided into ten parts dealing with:

(1) Mean strength (Part I).
(2) Admissions, dispositions, and total number of Army patients under treatment: Patients Table (Part II).
(3) Army neuropsychiatric cases (Part III).
(4) Patients occupying beds (Part IV).
(5) Days lost by Army patients (Part V).
(6) Days lost by Army patients due to Venereal Disease (Part VI).
(7) Hospitalization data (Part VII).
(8) Miscellaneous (Part VIII).
(9) Reportable conditions (Part IX).
(10) "New" venereal diseases admitted (Part X).

d. By whom rendered. - The report will be rendered by the medical officer in charge of every hospital and separate dispensary. A dispensary under the immediate administrative supervision of a hospital and located on the same station will not be regarded as a separate dispensary. The term "dispensary" refers to any facility, other than a hospital, operated by a medical officer for the purpose of providing

medical care for Army personnel. Thus every medical officer responsible for providing primary, i.e. non-hospital medical care for the personnel of an Army organization will be considered to be operating a dispensary and consequently will be responsible for the preparation of the statistical health report.

e. Definition of Unit. - The term "unit" will be used in these regulations to designate either a hospital or a separate dispensary. Therefore every unit as defined here will render a report.

f. Organizations included in report. - Unit reports. - Each unit report will contain under remarks or on an attached sheet the name of each organization without a medical officer for which the reporting unit furnishes primary (non-hospital) medical care (See par. 12). Data required by the statistical health report for such organizations will be included in the report of the unit which furnishes primary (non-hospital) medical care since organizations without a medical officer do not themselves render unit reports.

g. Classification. - This report will be classified "RESTRICTED".

h. Distribution and Channels. - (1). Consolidated reports of units and major commands will be forwarded through technical channels to The Surgeon, PBS in sufficient time to reach this headquarters not later than the 7th day following the close of the report period. Air courier service will be utilized whenever practicable. All consolidated reports will be submitted in duplicate, accompanied by one copy of all unit reports. Unit reports will be submitted in duplicate to their next higher headquarters. (2). Each dispensary and hospital will forward one copy of the report directly to the Medical Advisor, MTOUSA, APO 512. All levels which consolidate reports prior to sending them to the Surgeon, PBS, will also forward a copy of their consolidated report directly to the Medical Advisor, MTOUSA, APO 512.

i. Period of Report. - The Statistical Health Report will be submitted WEEKLY. The data will cover the period from 0001 hours Saturday to 2400 hours Friday. The date of the report, as shown in Section (B), will be the Saturday immediately following the period of the report.

j. Initial and final Reports.

(1) General. - All units being inactivated or disbanded will render a final report. All units transferring from one major command to another within the theater or from this theater to a command outside the theater will submit a final report to the surgeon of the former command. In all cases where final or initial reports are rendered they will be clearly marked final or initial at the top of the report.

(2) Patients Table (Part II). - Remaining cases will be shown on Line 8, Transfers. In the first report submitted to the new command cases that were disposed by Transfer on Line 8 will be listed on Line 4 or 5, Transfer from Quarters or Dispensary or Transfers from Hospital, whichever is applicable.

(3) Reportable Conditions (Part IX). - On the "Final" report remaining cases will be disposed of in Column 7, Otherwise. These cases will be shown in Column 4 or 5, Transfers-Dispensary, Transfer-Hospitals, in the "Initial" report to the new command.

(4) Reports of units detached from a parent organization will be submitted to the command to which the unit is attached for administration.

k. Personnel to be included. - All data on the report, with the exception of data on "Patients Occupying Beds" (Part IV) and "Beds Occupied" (Part VII, Line 34), which include non-army personnel, pertain to U.S. Army personnel ONLY. Officers and enlisted personnel of the Women's Army Corps (WAC) are considered Army personnel.

(1) Patients Occupying Beds (Part IV). - Include all personnel of the U.S. Army, Allied and co-belligerent civilians, as well as enemy military and civilian personnel in hospitals.

(2) Hospitalization (Part VII). - Include on Line 34, all patients occupying beds.

l. Classification of personnel by color. - Colored refers to Negroes. All other personnel will be classified as white.

m. Designation of unit. - Hospitals will be designated either by their name or number, while dispensaries will be identified as "Dispensary (organization operating the dispensary)". The geographical location of the unit will also be stated.

n. Designation of time. - The day, month and year will be indicated specifically. Figures will not be used for indicating month. In telegraphic reports the year will be omitted.

2. Mean Strength (Part I).

a. General. - The mean Army strength of the reporting unit for the report period is computed from the daily Army strengths of the unit. The mean strength of a unit should reflect the average number of Army personnel attached or assigned to the unit for medical care during the report period. The unit statistical health report prepared by a hospital will not include in its strength the mean strength of organizations receiving hospital care from the hospital if the organizations also are included on the unit report of some separate dispensary.

b. Composition of daily Army strength of unit. - The daily Army strength of a reporting unit, (hospital or dispensary) consists of the daily strength of its own command, the daily Army strengths of all organizations or detachments attached to the reporting unit for primary (non-hospital) medical care, plus the daily number of Army patients treated by the reporting unit on a hospital status. (Daily Army strength of any command or organization consists of its assigned personnel, attached unassigned, and personnel attached from other organizations, except those absent sick in hospital and those absent from the given organization attached to other organizations.)

c. Computation of mean Army strength of unit. - The mean strength of a unit is obtained by adding the daily Army strengths of the unit during the report period, plus (if the unit is a hospital) the daily number of Army patients treated by the reporting hospital on a hospital status during the report period, and then by dividing this sum by the number of days in the report period. If the report period is a week, the sum of the daily strengths is divided by 7; if the report period is 4 or 5 weeks, the sum of the daily strengths is divided by 28 or 35, respectively. This procedure holds even though the unit may have been in operation for only a portion of the report period. For units disbanding before the end of the period, the total of the daily strengths is divided by 7. For units moving between commands, the total of the daily strengths is divided by the number of actual days of operation within each command.

d. Classification of mean strength. - The Mean Army strength of the unit will be reported separately for Army (except Women's Army Corps) and Women's Army Corps. Each of these groups will be classified by col[illegible].

3. Admissions, Dispositions and total Number of Army Patients under treatment (Patient's Table) (Part II).

a. General. - It must be borne in mind that the Patients Table (Part II on the form) accounts for Army patients only, and furthermore, that the table deals with patients as individuals. Each admitted patient will appear only once as a direct admission in the Patients Table of the reporting unit until he is disposed of, but he may appear, while under treatment, as a case, one or more times in the tabulations of neuropsychiatric cases and reportable conditions (parts III and IV). Example: an individual entering a dispensary and later sent to a hospital for observation or treatment of a condition of ill health will be recorded as follows: The dispensary will pick up one (1) direct admission on Line 3 Direct, under the Quarters and Dispensary Column. When sent to a hospital, he is disposed of on Line 8, Transfer under Dispensary and Quarters. The hospital will enter one (1) admission by transfer from Quarters or Dispensary on Line 4, under Hospital column. All patients treated in dispensaries including numbered general, Air Corps base dispensaries, and clearing companies on functional employment will be considered as Quarters and Dispensary cases and so reported in Part II. Only the following types of patients will be counted as "admissions" when preparing the statistical health report:

(1) Army personnel admitted to a medical installation and not returned to duty within the same day; that is, known to be remaining on an excused from duty status as of 2400 hours on the day of first reporting for medical care.

(2) Army personnel carded for record only as follows:

(a) Deaths (except KIA) of personnel not currently under Army medical care.

(b) Medical discharges on certificate of disability for discharge (CDD) under the provisions of AR 615-361, not currently patients excused from duty. (Not applicable in this theater).

(c) Venereal disease cases, not previously treated for the same current condition by any Army medical installation as an Army case, which are treated on an outpatient (duty) status.

b. Remaining From Last Report (Line 2) - This figure will always be the same as that shown on Line 14, Remaining on Last Day of Period of the previous week's report.

c. Admissions, direct and by transfer. - Each patient will appear once and only once as a "direct" admission in part II during one continuous period of illness. In other words, a patient admitted direct (not by transfer) by any reporting unit will NOT be reported as a direct admission by any other unit to which the patient may subsequently be transferred. In a typical instance, a patient admitted direct to a dispensary (consequently reported by the dispensary as direct admission) and then transferred to another unit (hospital or dispensary), will be accounted for by the receiving unit as an admission by transfer. In this instance, if the two units are on the same station, the patient will appear twice as an admission on the Patient's Table in the consolidated report, once on line 3, direct, and once on line 4 or 5, transfer. This duplication on the consolidated report is correct and introduces no error since the case is counted only once as an admission direct.

(1) Direct admission will include therefore all patients, from whatever command, admitted to the reporting unit except patients admitted by transfer from another medical installation.

(2) Admissions by transfer are all patients transferred to the reporting unit from another medical installation.

(3) "Transfer From Quarters Or Dispensary" (Line 4) are defined as patients who had <u>previously</u> been directly admitted to a dispensary or quarters by a dispensary or hospital and who are subsequently sent to a hospital for further treatment of a current conditon.

(4) "Transfers from Hospital" (Line 5) are defined as individuals who were patients in a hospital and who are subsequently sent to another hospital or dispensary for further treatment of a current condition.

(5) "Total Treated". Sum total of lines 2, 3, 4 and 5.

d. Dispositions. - Patients discharged during the report period will be classified under "Disposition" as duty, transfers, deaths, CDD, otherwise, or evacuated to ZI.

(1) Duty - "Duty" will include all patients returned to duty. <u>Hospitals only</u> will classify patients discharge to duty as to general or limited service under "Remarks" Line 37 or on an appended sheet. Example:

<u>General Service</u>: Disease _____, Injury _____, Battle Casualty _____.
<u>Limited Service</u>: Disease _____, Injury _____, Battle Casualty _____.

(2) Transfers. (Line 8) - "Transfers" will include all patients transferred by the reporting unit to other units.

(3) Deaths. (Line 9) - "Deaths" will include all patients who died while under Army medical care and also all deaths carded for record only, except individuals killed in action.

(4) CDD (Line 10) not applicable in this theater.

(5) Evacuated to ZI (Line 11). - "Evacuated to ZI" will be used only by medical installations authorized to evacuate patients to the United States. It will include patients transferred to the United States for further observation or treatment.

(6) Otherwise (Line 12). - "Otherwise" will include discharges for inaptness, discharges to inactive duty or retirement, AWOL in excess of 10 days, venereal disease cases carded for record only, and any other disposition not specifically mentioned.

(7) Total Dispositions (Line 13). - Sum total of lines 7, 8, 9, 10, 11 and 12.

e. Remaining on last day of reporting period (Line 14). - This figure is arrived at by subtracting total dispositions (Line 13) from total treated (Line 6).

f. Reporting of Patients by HOSPITALS.

(1) General. - Hospitals may admit patients to hospital or quarters and dispensary. The admissions will be tabulated on the form accordingly under "Hospital" or "Quarters and Dispensary". Dispositions will also be tabulated separately under each category according to type of disposition. Patients in convalescent facilities under supervision of the reporting hospital will be carried in the patients Table under "Hospital".

(2) Admission by transfer. - Patients admitted to hospital by transfer from another medical installation will be entered on either line 4 or line 5, even though the patient may not have spent as much as one day in the transferring medical installation. Patients admitted by transfer from quarters, dispensary, aid station or clearing station will be entered on line 4.

(3) Hospital to or from quarters. -

(a) Patients treated by the reporting hospital on a quarters status and then moved, before being disposed of, from quarters to hospital will be entered on line 4, "transfer from quarters or dispensary," under "Hospital" in Admissions, and dropped on line 8, "transfers", under "Quarters and Dispensary" in Disposition.

(b) Patients treated in hospital and then moved, before being disposed of, from hospital to quarters, will be entered on line 5, "transfer from hospital" under "Quarters and Dispensary" in Admissions, and dropped on line 8, "transfers" under "Hospital" in Dispositions.

(c) Only hospitals are authorized to make entries under the Hospital columns in Part II of the report.

g. Reporting of patients BY DISPENSARIES.

(1) Dispensaries will admit patients to "Quarters and Dispensary" only.

(2) Direct admissions to dispensary will be entered on line 3 under "Quarters and Dispensary" even though the patient is immediately transferred to a hospital for observation or treatment. Thus a patient admitted to a separate dispensary and transferred to hospital before 2400 hours on the day of admission will be entered on line 3 under "Quarters and Dispensary" and disposed of on line 8, "transfers" under "Quarters and Dispensary" of the dispensary's report. Such cases will be entered on the hospital's report on line 4, "transfer from quarters or dispensary" under "Hospital". Patients confined to be in a dispensary beyond 2400 hours of the day of admission will be classified under "Quarters and Dispensary". Patients transferred to a dispensary from another medical installation will be entered on lines 4 or 5 depending on whether the transferring installation is another dispensary or a hospital.

h. Convalescent Patients.

(1) Patients in convalescent facilities will be recorded as hospital patients. The reporting hospital will not record a change in the Patients Table when patients are transferred to its own convalescent facility. Patients transferred to the convalescent facility of another hospital will be disposed of under "Hospital", "Transfer", Line 8 by the reporting hospital. The receiving hospital will report such patients as "Admissions by Transfer" on Line 4. The number of such Convalescent patients included as remaining on the last day of the report period will be reported separately under "Remarks" Line 37 or on an appended sheet; i.g., Patients remaining in Convalescent Facilities;
Disease _____, Injury _____, Battle Casualty _____.

(2) Patients occupying beds in a fixed hospital will not be considered as cases in a convalescent facility even though they are included in a rehabilitation or reconditioning program instituted at the hospital.

i. Patients In Other Than U.S. Army Hospitals. - U.S. Army personnel transferred to Allied or Civilian hospitals will be dropped immediately by "transfer" on Line 8, by the transferring unit.

j. Individuals carded for Record only.

(1) General. - Persons carded for record only for reasons other than those set forth in paragraph 2. a. (2) above will not be reported on the statistical health report even though an individual medical record is prepared. (See Section I, par. 2 b. for a complete discussion of the types of cases to be carded for record only.) Carded persons will be reported by all medical installations (hospital or dispensary) as direct admissions under the "quarters" column. Carded deaths will be reported only by the medical installation responsible for their carding and disposed of as "deaths" under the "quarters" column. Carded cases of venereal disease will be disposed of as "otherwise" under the "quarters" column. KIA casualties will NOT be included in the Patients' Table. The number of cases carded for record only included on line 3 will be entered on line 36 also.

(2) Transfer. - Patients who are carded for record only and treated on a duty status, as for example those with venereal disease, will be entered only once as a direct admission on a statistical health report during a continuous period of treatment for the same disease.

(a) If a patient, carded for record only and being treated on a duty status, undergoes a change of station during the course of his treatment and if the medical installation at his new station continues the treatment on a duty status, the medical installation at his new station will make no entry on its statistical health report.

(b) In the event a patient, carded for record only and being treated on a duty status, requires treatment on an "excused from duty" status for the same condition, the procedure will be as follows:

(1) When the same medical installation effects such change of status, in order to avoid counting the case more than once as a direct admission for the same disease, the case will be recorded in Part II as an admission by transfer together with such additional entries as may be required in other parts of the form.

(2) When such change of status involves an immediate transfer from one medical installation to another (generally from a dispensary to a hospital), the transferring medical installation will enter the case on its statistical health report as disposed of by transfer, while the receiving medical installation will record the case as an admission by transfer.

(3) Venereal Disease Cases. - Hospitals, dispensaries, clearing stations, and venereal disease treatment facilities in this theater will follow the procedure as outlined below in reporting CRO cases of venereal disease on WD AGO Form 8-122 in order to prevent duplication of reporting.

(a) Gonorrhea or suspected gonorrhea and Urethritis, cause undetermined cases only will be CRO cases. All other types of venereal disease will be admitted to hospitals for diagnosis and treatment.

(b) Procedure for recording of gonorrhea cases. - The dispensary will admit the case under "disease" column (4) on line 3, direct admission to "Quarters and Dispensary". An EMT tag will be completed. The diagnosis will show "Gonorrhea, observation for". After treatment, at an authorized place, the hospital or venereal disease treatment facility will enter the final diagnosis on the EMT tag and return the tag to the dispensary of origin. The hospital or VD treatment facility will take no credit on the 8-122 for the treatment of CRO VD cases unless the cases are admitted from units served by that hospital, dispensary or VD treatment facility. The dispensary will dispose of CRO cases on line 12, "otherwise", column (4). This figure will correspond with line 36, No. CRO. The appropriate entry will be made in Part X "New Cases of Venereal Disease admitted" by the dispensary. Appropriate entries will be made in Part IX, column (2), line 83 and disposed of under column (7). The EMT tag will be forwarded by the dispensary with the Sick and Wounded Report, WD AGO 8-23.

(c) Procedure for recording of Syphilis and other venereal disease cases. - The dispensary will admit the case under "disease" column (4) on line 3, direct admission to "Quarters and Dispensary". Disposition will be entered on line 8, transfers, column (4). An ETT tag will be made out and the diagnosis will show "Penile Ulcer, observation for Syphilis". The hospital will pick up the case on line 4, "transfers from Quarters or Dispensary" under Column (1), disease. Disposition will be entered on line 7, duty, column (1), disease. Appropriate entries will be made in Part X "New Cases of Venereal Disease admitted" by the hospital. The ETT tag will be forwarded by the hospital with WD AGO Form 8-27.

k. Patients on sick leave, furlough, or other leave and en route to another medical installation. -

(1) General. - Patients on sick leave, furlough or other leave and en route to another medical installation will be carried in the Patients' Table though they will not be counted as patients occupying beds (Parts IV and VII on the form). Patients departing from hospital or quarters on sick leave, furlough or other leave, under the provision that they will revert upon expiration of such leave or furlough to active duty, inactive duty or retirement, will be regarded as immediate dispositions and classified accordingly under "Dispositions". Patients who are transferred from one medical installation to another for observation or treatment will be carried on the statistical health report of the transferring medical installation until the effective date of change on the morning report and will be entered on the statistical health report of the receiving medical installation on the effective date of change on the morning report.

(2) Patients admitted from leave or furlough. - Patients who are admitted while on leave or furlough from another medical installation will be considered to be an admission by transfer. The admitting installation will notify the installation granting the leave or furlough and the latter will dispose of the patient as a disposition by transfer. At the time of disposition, if the patient is to resume leave or furlough with the provision that he is to report to the medical installation originally granting the leave or furlough, he will be dropped by transfer by the medical installation which admitted him from leave or furlough and will be picked up by the hospital originally granting the leave or furlough as an admission by transfer.

l. Patients absent without leave (AWOL). - Absent without leave (AWOL) for more than 10 days will be regarded as a final disposition and classified as "otherwise." Up to 10 days, AWOL patients will be carried in the Patients' Table though omitted from parts IV and VII on the form.

m. Classification by disease, injury, and battle casualty. -

(1) General. - Patients will be classified according to the primary cause of initial admission and reported in one of three categories of cases: disease, injury or battle casualty. In instances of patients suffering from both disease and injury at the time of initial admission, the most serious condition present will be taken as the primary cause of initial admission and will determine the classification. Patients admitted for a battle casualty and a disease or injury will be classed as a battle casualty. (See AR 40-1025.) When it is discovered that an individual is

carried in the Patients' Table (Part II) under the wrong category, the case will be dropped as if by transfer (Line 8) and picked up under the correct category as if by transfer (Line 4 or 5.)

(2) Disease. - All cases other than those due to injury or battle casualty will be classed as "disease." Included among the disease cases will be patients suffering from reactions to medication other than acute poisoning, patients admitted for the sequela of an injury incurred prior to entering service, and patients readmitted for the results of a traumatism (battle or non-battle) incurred during service.

(3) Injury. - The term "injury" will include traumatisms other than those defined as "battle casualty." (The term "traumatism" refers to morbid conditions due to external causes. It includes acute poisoning except food poisoning, the results of exposure to heat, cold, and light as well as various types of wounds.) Trench foot will be considered to be an injury. Injuries occurring among patients in a medical installation will not be recorded on the statistical health report.

(4) Battle Casualty. - A battle casualty is a traumatism (wound or injury) which is incurred as a direct result of enemy action during combat or otherwise, or is sustained while immediately engaged in, going to, or returning from a combat mission. It does not include traumatisms occurring on purely training flights or missions. Psychiatric cases occurring in combat will not be reported as battle casualties.

(5) Readmitted "Old" Wounds or Injuries. - These will be classified as Disease. The number of "Old" wounds or injuries admitted during the report period will be shown under "Remarks", Line 37, or on an appended sheet as follows:

Old Battle Casualties	_____
Old Injuries	_____
Total	_____

n. KIA Cases. - KIA cases will not be reported on the statistical health report. Deaths among patients admitted as battle casualties are not KIA cases.

4. Army Neuropsychiatric Cases (Part III).

a. Data on Neuropsychiatric Cases. - Special information, as indicated on the form, will be furnished on Army neuropsychiatric cases. The information will be given for psychiatric and neurological disease cases separately.

b. Phychiatric cases. - These will include Army patients with psychoneurosis (neurosis, neurasthenia, "Shell shock" battle reaction, hysteria) psychosis, constitutional psychopatic state, mental deficiency, or other psychiatric disorder not classifiable as organic neurological. Cases occurring in combat which are diagnosed, without qualification, as "exhaustion", "operational fatigue", "flying fatigue" etc., will be reported as phychiatric diseases, and will not count therefore as battle casualties.

c. Organic, neurological diseases. - These will include Army patients with epilepsy, neuritis, multiple sclerosis, etc.

d. Admission. - "Direct" neuropsychiatric admission will include not only neuropsychiatric patients directly admitted to the hospital, but also neuropsychiatric cases which originated or were discovered among patients already in the hospital or in quarters.

e. Dispositions. - Dispositions of "duty" and by CDD have the same meaning as in Section IV. "All other" dispositions will include all neuropsychiatric cases disposed of by the hospital during the report period (including deaths, but excepting patients returned to "duty" or disposed of by "CDD"), as well as all neuropsychiatric cases who have recovered during this period from the neuropsychiatric disorder but remained in the hospital because of some other disease, injury, or battle casualty.

f. Patients remaining on last day of period. - All neuropsychiatric cases remaining on the last day of period will be shown separately for patients in open or locked wards.

5. Patients Occupying Beds (on the last day of period) (Part IV). -

a. All patients (Army and all other military and civilian patients) who were actually in the hospital or in convalescent facilities on the last day of the report period will be considered as occupying beds. Patients on sick leave, furlough, AWOL (not in excess of 10 days), patients from the reporting hospital receiving treatment in other than Army hospitals, or away for some other reason, and patients occupying dispensary beds or beds in venereal disease facility will NOT be counted as occupying beds when completing part IV. The space reserved for Allied and Neutral Armed Forces will also include co-belligerent military personnel.

b. The Section on Convalescent Hospital Part IV does not apply in this theater.

6. Days Lost by Army Patients (Part V). - A tabulation (Part V on the form) will be made of the number of days lost including days lost due to venereal disease during the report period by Army patients in hospital (definitive care), dispensary or quarters, and convalescent hospital. A distinction between patients receiving definitive and convalescent care will be made only by hospitals with authorized convalescent beds. The days will be computed separately for disease, injuries and battle casualties. The number of days will be obtained by summing the corresponding daily number of patients remaining in the Patients' Table. Therefore, patients on sick leave, furlough, AWOL (less than 10 days) or other leave, and also Army patients in other than Army hospitals will be included in calculating days lost by Army patients.

7. Days Lost by Army Patients due to Venereal Diseases (Part VI). -

a. A separate tabulation (Part VI in the form) will be made by the unit actually treating the patients of the number of days lost by Army patients because of venereal diseases. The days will be obtained by adding the daily number of Army patients with venereal diseases in hospital and quarters. The total time lost since initial admission for cases diagnosed

subsequent to that date will be included in the days lost of the report period during which diagnosis is established. Patients with a venereal disease who are kept in a medical installation due to condition other than the venereal disease after the time when they normally would have been treated on a duty status will not be considered as losing time due to venereal disease.

b. Differentiation will be made by white and colored patients and by Army (except Women's Army Corps) and Women's Army Corps.

8. Hospitalization Data (Part VII). -

a. Tabulation of hospitalization data will be made as of Friday midnight of the report week. The tabulation of "Patients in Reconditioning Program" is not applicable in this theater.

b. Classifications and Definitions.

(1) Fixed Hospitals. - Includes all numbered field, station and general hospitals except field hospitals operating as mobile units. Fixed hospitals used temporarily as non-fixed hospitals will be reported as fixed hospitals.

(2) Non Fixed Hospitals. - Includes all convalescent hospitals evacuation and portable surgical hospitals and field hospitals operating and designated by Headquarters MTOUSA as mobile units. Non fixed hospitals which are temporarily used as fixed hospitals will nevertheless be reported as non fixed hospitals.

(3) Convalescent Facilities. - Includes buildings and tents set up for the convalescence and reconditioning of patients who no longer require medical and nursing care but who are not sufficiently recovered to return to duty. Beds set aside for convalescent patients in fixed hospitals will not be reported as convalescent facilities.

(4) Convalescent Hospitals. - Reported as non fixed hospitals.

c. Normal Bed Capacity.

(1) For all hospitals (including convalescent facilities) the normal bed capacity will be based on the T/O & E under which they are organized regardless of whether or not the beds are actually set up and available for use. Normal bed capacity reported will always be constant unless authorized changes in the T/O & E are made. This figure is shown in Column (1) Part VII, Hospitalization data.

(2) Non-Utilized Normal Bed Capacity. - If normal bed capacity cannot be fully utilized, an explanation will be included under Remarks, Line 37.

d. Expansion Bed Capacity. - The number of beds authorized by Headquarters MTOUSA, that can be set up and made available for use above T/O capacity. Such beds will not be shown separately on the report but will be included under Total, Column (2), Part VII.

e. Non-fixed hospitals will report only T/O beds in Column (4) of Part VII.

f. Beds Occupied. - All patients (U.S. Army and all other military and civilian patients) who are actually in hospital or convalescent facility on Friday midnight of the report period will be recorded as occupying beds; and will be listed under the various classes of Medical Department facilities on Line 34, Beds Occupied. The total of Part IV, Column (3), Line 24 will agree with the Total of Part VII, Line 34, Columns (2) and (4).

g. Beds in Dispensaries. - The number of beds set up and made ready for use in dispensaries, base dispensaries (Air Corps) and clearing companies on functional employment, and the number of such beds occupied on the last day of the report period will not be included in the tabulation of "Bed Capacity", and "Beds Occupied" (Part VII), or "Patients occupying Beds" (Part IV), but will be shown only in "Remarks" (Part VIII) and in no other places on the form. The information will be entered as: Dispensary beds _____ (Number). Dispensary beds occupied _____ (Number).

h. Beds in venereal disease facilities. - The number of beds set up and made ready for use in venereal disease facilities and also the number of such beds occupied on the last day of the report period, regardless of whether the patients are treated on a duty or hospital status, will be shown only in "Remarks" (Part VIII) and nowhere else on the form.

i. Patients in Reconditioning Program. - Not applicable in this theater.

9. Miscellaneous (Part VIII). -

a. Per Cent Remaining Sick on Last Day of Period. - Will be computed on the consolidated reports of Base Sections, NAFGD, and 88th Division only.

b. Number of CRO's. - List here all Cases Carded For Record Only, summarized by type of case, i.e., Disease, Injury and Battle Casualty.

10. Reportable Conditions (Part IX). -

a. General. - All communicable disease cases and other reportable conditons occurring among U.S. Army personnel only and admitted to hospital, quarters or convalescent facilities will be accounted for in this section.

b. Column (1) - Cases Remaining from Last Report. - Include the number of cases remaining at the end of the last period under each disease. This number will always agree with the number of cases shown in Column (8) of the previous week's report.

c. Column (2) - By Direct Admission and Change of Diagnosis. - Direct Admissions, changes in diagnosis, and added associated diseases will be reported under this heading.

(1) Direct Admissions. - When a patient is first seen at an aid station, dispensary or hospital and positive diagnosis is made, such patient will be shown in Column 2 as a direct admission. In the case of communicable diseases, a patient seen at a medical installation for the first time, for whom a tentative (not positive) diagnosis is made, will only be picked up in Section II and will not be shown in Section IX except where the diagnosis is PUO. The medical unit to which the patient is transferred (usually a hospital) will list the cases as a direct admission when a positive diagnosis is made.

(2) Changed Diagnosis Where Original Diagnosis is not Concurred In. - Where hospitals or other medical installations receive patients by transfer and the receiving units do not concur in the diagnosis, the patient will be listed by the reporting unit as a direct admission under the changed diagnosis. Notification of such non-concurrence and the changed diagnosis will be sent as soon as practicable, to the first admitting medical unit. This notification is for INFORMATION ONLY and will not be used as a source of data for the Statistical Health Report.

(3) Added Associated Diseases. - Communicable diseases which are diagnosed among patients in hospital, quarters or convalescent facilities will be shown as new cases in Column (2). This applies when a disease case is diagnosed during the course of treatment for some other disease (communicable or non-communicable). Each such disease will be carried until patient has recovered from that particular illness.

c. Column (3) - Readmitted. - When a patient who has been returned to duty or has been "Carded for Record Only" is subsequently readmitted to the same or some other medical unit for treatment of the same communicable disease, entry will be made on the appropriate line under Column (2) and also on the same line in Column (3) as a Readmitted case. Example: "Old" gonorrhea, "Old" syphilis, or relapses of malarial fever. The transfer of a patient from one medical unit to another does not constitute a readmission. More than one new, distinct attack of a communicable disease (e.g., common respiratory, pneumonia, dysentery, diarrhea) will not be considered as a readmission but as a new admission.

d. Column (4) - By Transfer if Diagnosis is Concurred In - Dispensary. - Transfers, from dispensaries to hospital or other dispensaries, will be reported under this heading providing the diagnosis is concurred in.

e. Column (5) - By Transfer If Diagnosis Is Concurred In - Hospital. - Transfers, from one hospital to another will be reported under this heading, providing the diagnosis is concurred in.

f. Column (6) - Deaths. - Deaths in which the communicable disease was the primary cause will be shown in this column. Where death occurs simultaneously because of two or more communicable diseases, the death will be listed under the various diseases and an explanatory note will be appended.

g. Column (7) - Otherwise. - Communicable disease cases when terminated will be shown in this column even if the patient remains in the hospital or quarters for some other disease (communicable or non-communicable), injury or battle casualty. Also enter in this column the following:

(1) Patients discharged to duty.
(2) Patients transferred to another medical installation.
(3) AWOL's after more than 10 days.
(4) Patients carded for record only (CRO) (Admitted in Column (2) and immediately disposed of in Column (7).
(5) Change of diagnosis (original non-concurred-in diagnosis is disposed of in this column.

h. Column (8) - Remaining Under Treatment. - The actual number of cases of each communicable disease under treatment on Friday midnight. This figure will always agree with cases "Remaining From Last Report", column (1), on the subsequent report.

i. Definition of Certain Communicable Diseases Terms. -

(1) Common Respiratory. - This heading will include all cases diagnosed as acute catarrhal bronchitis, acute coryza, acute catarrhal pharyngitis, acute catarrhal nasopharyngitis, and acute catarrhal laryngitis.

(2) Influenza. - While differentiation of influenza from common respiratory diseases is admittedly extremely difficult, an attempt should be made, particularly in epidemic periods, to make this distinction.

(3) Meningitis, Meningococcic. - It is correct for purpose of this report to include on this line cases of meningococcemia.

(4) Pneumonia, Secondary. - This term will include pneumonias occurring with, or as a complication of, other diseases (except common respiratory diseases) as for example, influenza or measles. The term will also be used to cover postoperative pneumonias and pneumonias caused by inhalation of chemicals.

(5) Pneumonia Primary. - This term will include all pneumonia occurring in association with common respiratory diseases but will not include pneumonia secondary to influenza or measles. Primary Atypical Pneumonia (etiology unknown) will be shown separately.

(6) Streptococcal Sore Throat. - This diagnosis includes cases of tonsilitis or pharyngitis known or suspected to be caused to the beta hemolytic streptococcus. The use of the term "septic sore throat" will be reserved for explosive outbreaks of sore throat transmitted by a food product (usually milk) containing the hemolytic streptococcus.

(7) Bacterial Food Poisoning. - Cases to be entered under this diagnosis are those occurring in epidemics with explosive onset of vomiting and diarrhea in groups of individuals who have consumed the same suspected food. Outbreaks of this nature usually result from contamination

of food either with an enterotoxin-producing staphylococcus or with a member of the Salmonella group. This diagnosis need not, however, be limited to cases on whom bacteriologic studies have already confirmed the nature of the infectious agent. In the past, many outbreaks of bacterial food poisoning have been incorrectly listed under common diarrheas or injury. Cases of bacterial food poisoning will be considered as cases of disease and classified accordingly in Section II of the report as well as in Section IX.

(8) Common Diarrheas. - This diagnosis will include all cases diagnosed as colitis, diarrhea (cause undetermined), fermentative diarrhea, enteritis, enterocolitis, intestinal indigestion and intestinal toxemia when associated with diarrhea.

(9) Malaria Acquired Outside United States. - This heading will include cases of malaria in persons who are or have been recently in malarious regions outside the continental United States and who presumably have acquired their infection while abroad.

(10) Typhus Fever. - The type of disease will be specified (epidemic, endemic, scrub typhus or tsutsugamushi fever).

(11) Hepatitis, Infectious. - While the etiology of this disease is still unknown and the diagnosis must, in most cases, be made by exclusion, it is desired that the terminology "Infectious Hepatitis" be used in preference to "cholangitis", "jaundice", or "catarrhal jaundice" for all cases conforming to the pattern of this disease.

(12) Rheumatic Fever. - Cases of rheumatic fever, whether first or recurrent attacks, are reportable; cases of chronic rheumatic heart disease are not.

(13) Reactions to Drugs, Serums, and Vaccines. - Reactions to drugs, serums and vaccines (such as triple typhoid vaccine, tetanus toxoid, etc.) will not be reported in Section IX of the report.

(14) Special, Not Listed. - The following diseases will be entered when they occur. Negative entries are not required.

Anthrax	Trachoma	Weil's Disease
Blackwater Fever	Trichinosis	Yellow Fever
Cholera	Tularemia	Immersion Foot
Coccidioidomycosis	Smallpox	Frostbite
Leprosy	Undulant Fever	Rocky Mountain Spotted Fever
Plague	Rabies	Infectious keratoconjunctivitis
Lymphotic Choriomeningitis		All tropical diseases

11. "New" cases of Venereal Disease Admitted (Part X). -

a. New Cases of Venereal Disease Admitted. - All new cases of venereal disease admitted regardless of the organization to which the patients belong (column 2, part IX), that is, all cases not previously reported by any Army unit, will be shown separately in part X on the form.

b. Classification of venereal disease cases by EPTS and non-EPTS. - All new cases (Part X on the form) will be classified as EPTS (existed prior to service), or non-EPTS (not existed prior to service). Persons with syphilis who had 21 or more days of active service at the time of first reporting for medical attention will not be classed as EPTS. Persons with other venereal disease, including gonorrhea, who had 7 or more days of active service at the time of first reporting for medical attention will not be classified as EPTS. (Furlough commonly granted to selectees at the time of induction will not be considered active service.) However, when the medical officer has obtained authenticated records which show that "new" case of syphilis had it onset prior to induction or enlistment into active service, such cases will be classified as EPTS regardless of length of active service. The tabulations will be made by white and colored and by deparate diagnoses (syphilis, gonorrhea, and other venereal diseases).

c. The total number of cases under each category (EPTS, Not EPTS, WHITE, COLORED) will always agree with the number of cases reported in Part IX, Column (2) minus Column (3) for each venereal disease.

12. Supplemental Reports. -

a. Under "Remarks", or on an attached sheet, hospitals and Unit dispensaries will list the following information.

(1) Units assigned or attached for dispensary service.
(2) Causes of deaths.

a. All deaths shown on line J, Section 11, of the Weekly Health Report, will be listed.

b. The list will show the name, parent organization and complete diagnoses for each case. In the case of multiple wounds, fractures, etc., it is sufficient to say "Multiple Wounds" or Multiple Injuries", but the cause must be stated ("WIA, GSW, Accidently incurred when jeep ran off embankment", "Shot by guard while attempting to escape from PWE", etc.). In case of disease, the original cause of admission, subsequent diagnoses, and complications will be entered.

(3) Communicable Disease Report.

a. This report made up on a form as shown below will be submitted weekly, one copy attached to each copy of the 8-122. It will account for every case reported in Column 2, Section IX, 8-122, Except for old venereal disease.

b. Part 1 will acount for every case listed in Column 2, Section IX, except for venereal disease.

1. All respiratory disease will be placed in one group, diarrheas in another etc.

c. Part 2 will account for every case of New venereal disease. The number listed will equal Column 2 minus Column 3 of Section IX and will also equal the number entered in Section X. "Old" cases will not be entered.

Organization _____ Week Ending _____

IX COMMUNICABLE DISEASE SUPPLEMENTAL REPORT

1. Breakdown of all cases of column 2 (except VD) into number of cases by organization. Separate Malaria into "Primary" and "Other".

(a) Diseases	(b) Organization	(c) No. of Cases

2. "New" cases of venereal disease diagnosed. Total number equals column 2 minus column 3. Also equals total number in Section X.

Organization	Gonorrhea		Syphilis		Others	
	W	C	W	C	W	C

SECTION V. THE MONTHLY SANITARY REPORT.

1. PURPOSE. Reference is made to AR 40-275, dated 13 September 1945, and AR 40-2235, dated 27 November 1942. The purpose of the sanitary report is to bring formally to the attention of the commanding officer concerned and/or higher echelons of command such matters as cannot be or have not been corrected by informal local action. The report is also intended to furnish higher echelons with a concise report of the sanitary, hygienic, and medical status of the unit reporting.

2. SUBMISSION REPORT. The monthly sanitary report will be made out by the Surgeon of each unit and addressed to the Commanding Officer of the organization. It will be rendered in sufficient copies to reach PBS headquarters in triplicate. Reports will be transmitted through command channels. When they reach the level where they are to be indorsed to the Commanding General, MTOUSA, they will be so indorsed, but forwarded to the Surgeon, PBS, instead. One copy will be forwarded direct to the Medical Advisor, MTOUSA, APO 512, by the initiating unit.

3. FORM. The Monthly Sanitary Report will be submitted on WD AGO Form 8-140, Reports Control Symbol MCE-4. It will be classified "Restricted."

4. DATE OF RENDERING. The surgeon will render the monthly sanitary report within 3 days after the end of each month. The period covered by the report will correspond to the calender month.

5. VETERINARY SANITARY REPORTS. That part of the monthly sanitary report MCE-4, which contains veterinary data, when required, will be prepared and forwarded as an enclosure to the monthly sanitary report.

SECTION VI. MONTHLY STATISTICAL VENEREAL DISEASE REPORT.

1. Reference is made to AR 40-210, dated 25 April 1945. The monthly Statistical Venereal Disease Report will be made out in accordance with the following principles:

a. The report will be made out by each separate regiment, battalion, company or detachment in this theater. Medical officers will supervise the making out of the reports of units who are reporting to him for medical care. The Surgeon of the 88th Division, RAAC, PBS, and NAFGD will consolidate reports of their commands, forwarding to this office one consolidated copy and one copy of each individual unit.

b. These reports will be sent through command channels. When they reach the level where they are to be indorsed to the Commanding General, NTOUSA, they will be so indorsed but forwarded instead to the Theater Surgeon, HQ PBS, APO 782. One copy of the consolidations and one copy each of the unit reports will be forwarded by the four consolidating agencies mentioned above to the Medical Advisor, Hq NTOUSA, APO 512.

c. The report will be submitted on the form indicated in Appendix "A".

d. Cases of venereal disease listed in the report will include "New" cases only (cases not previously reported at any military station). "Old" cases (cases previously reported by either the reporting organization or by some other organization) will NOT be included in the number of cases.

e. All time lost from duty as a result of venereal infection by "New" and "Old" cases will be included in the report.

f. Cases treated on a duty status, and previously carded for record only, if later admitted to the hospital for the same infection, will be designated as "Old" cases.

g. An individual having more than one disease on the same admission will be listed as a case of each disease with which he is infected, but only the actual number of days lost from duty, because of venereal disease, will be counted.

h. White and colored cases and strengths will be shown separately in all reports and appropriate subtotals shown.

i. Where the rate for an organization is materially influenced by cases infected prior to assignment to the organization, appropriate explanatory footnotes may be included, but the rate shown in the report will include all such cases.

j. All reports for units in this Theater of Operations will be classified as "Restricted".

2. Individual Report of Venereal Disease Case and Contact. - This report is no longer required by the Surgeon, PBS or the Medical Advisor, NTOUSA, but may be required by Surgeons of lower echelons.

3. Unit notification. - Upon discharge of a venereal patient from a medical installation, notification of such fact will be furnished the unit commander by the medical unit treating the case. This card will be made out in the following form:

NAME _____ ASN _____
ORGANIZATION _____ DATE OF REPORT _____
DIAGNOSIS _____ (S) _____
ORGANIZATION OF MEDICAL OFFICER SIGNING _____

One card will also be sent to the Surgeon, PBS, Attention VD Control Officer.

SECTION VII. REPORT OF MEDICAL DEPARTMENT PERSONNEL.

1. WD MD Form 86c, Section III and accompanying roster, is replaced by the Report of Medical Department Personnel (WD AGO Form 8-19) and Roster of Appointed and Commissioned Personnel Assigned to the Medical Department (WD AGO Form 8-164). Effective with the report for the month ending 28 February 1946, all units will submit their report on this revised form.

2. REPORT OF PERSONNEL (Form 8-19). Extreme care will be exercised in the preparation of this report. The report of medical department personnel will be submitted by every unit in the Mediterranean Theater of Operations having assigned or attached medical personnel. This report will furnish data concerning numerical strength of personnel in Medical Department organizations, and organizations having Medical Department personnel, according to grade and specialty to assist in proper utilization of personnel. Separate units will render individual reports. The 88th Infantry Division will render consolidated reports for Medical Department Personnel of the Division. Detachments or units detached from parent organizations will submit a separate report. Air Corps units under the jurisdiction of Naples Air Force General Depot will render individual reports to the Surgeon, NAFGD, who will consolidate the unit reports prior to forwarding to the Theater Surgeon. This report will be prepared monthly as of midnight, the last day of the month. It will be forwarded at the earliest practicable date and in no event later than the fifth day of the month succeeding the period of the report. Consolidations made by Divisions and NAFGD will be forwarded so as to reach the office of the Theater Surgeon, Hq. PBS, not later than the 12th of the month succeeding the report period. Commissioned and enlisted personnel of Veterinary Detachments will be reported separately as required by paragraph 8, AR 40-2235. (See Section IX, Par. 1.)

a. Unit and Location: Unit will use APO number and the name of city or town (Italian spelling) in which located.

b. For the Month Ending: Indicate specifically the day, month and year. Example: 31 July 1946. When rendered for a lesser period than one month, inclusive dates will be clearly indicated. Final reports for inactivated or dis-banded units will be clearly marked FINAL, and will show the date of the inactivation or dis-banding.

c. Table I, Commissioned Personnel: Items are self-explanatory. Lines 1 to 11, Column 2, may be left blank except for Medical Corps installations operating under the bulk allotment system, but will be completed by all T/O organizations. Medical Department commissioned personnel will be reported in lines 1 to 10 inclusive. Commissioned personnel of other branches assigned to Medical Department units and installations for duty will be reported on line 11. This includes Branch Immaterial, Chaplains, WAC's, Quartermaster, Infantry, etc.

d. Table II, Warrant Officers: Self-explanatory.

e. Table III, Other Military Personnel Attached: Report all military personnel actually attached for duty, administration, or training, and not included in other sections of this report. This will include all Medical Department Personnel in Detachment of Patients.

f. Table IV, Enlisted Personnel Assigned to Medical Department for Duty: All enlisted personnel including enlisted members of the WAC's present and absent assigned for duty will be accounted for in the proper spaces. Enlisted personnel of other branches classed as operating personnel assigned to Medical installations under their personnel authorization will be included. Medical installations operating under the bulk personnel allotment system will combine the technicians with the related non-commissioned officer grade for the purpose of reporting entries in column 2, lines 23 to 28 inclusive.

g. Table V, Civilian Employees: Report civilian employees paid from Medical Department funds and the employees paid from other funds and on duty at the medical installation, separately on the appropriate lines.

h. Table VI, Total Assigned: This table includes the totals of Tables I, II, IV and V.

i. Table VII, Enlisted and Civilian Specialists: Report total numbers only. Indicate any additional numbers required to bring unit to T/O authorization in Column 5 of this table. Lines 62 to 72 may be used for additional specialists to be reported when requirements place them in the scarce category of skills.

j. Table VIII, Medical Corps Officers Assigned: Medical Corps Officers Assigned: All assigned Medical Corps officers will be reported by their specialty as expressed in WD Technical Manual 12-406 as amended, showing the degree of proficiency within a specialty by use of the letter A, B, C or D as applicable. This classification indicated should agree with that expressed on WD AGO Form #66-1, 66-3 or 178-2. When the classification of the officer is not known, the information will be procured by corresponding with the next higher headquarters or with the Surgeon, PBS, APO 782. Lines 36 through 47 are left for additional entries when applicable to furnish flexibility to the report. Officers not qualified as specialists, but qualified for general professional duties, will be shown on line 49, "Medical Officers, General Duty". The total on line 50 of this table should agree with the number reported on line 1, column 5, of Table 1.

3. ROSTER (Form 8-164)

a. The monthly roster submitted with the Report of Personnel will show all Medical Department officers grouped according to functional division of the installation (not grouped by rank). The breakdown should include administrative, medical, surgical, X-Ray, laboratory, EENT, dental service, etc.

b. Separate rosters will be prepared for the following:

(1) Nurses, dieticians, and physical therapy aides.

(2) Medical Department commissioned personnel who are members of a detachment of patients. (Upon disposition of such officers a final entry, indicating the date and type of disposition, will be made.)

(3) Other commissioned personnel will be reported, showing Arm or Branch of Service and Principal Duty. The total number of officers shown on this roster must agree with the total number of other commissioned personnel reported on line 11, Table I, Form 8-19.

4. GENERAL INSTRUCTIONS.

a. Changes in status of officer personnel, such as transfers, promotions, etc., will be reported on a supplemental sheet, showing the authority for each change. Do not report Temporary Duty, Rest Leave, leave of absence, or sick in hospital (provided the officer is not transferred to a detachment of patients). Also required on this supplemental sheet is the following information:

(1) T/O under which organized; (Number and date)
(a) T/O authorized allotment of personnel by branch and rank.

(2) Medical Department officer personnel performing duty in other than T/O positions will be listed by name, rank, serial number, specialty and the unauthorized position in which the officer is serving.

(3) The higher headquarters through which the report will be rendered will be shown as part of the organization designation. For example:

(a) 313th Medical Battalion, 88th Infantry Division, APO 88, U. S. Army.

(b) 287th Quartermaster Battalion, APO 782, Hq. PBS.

b. Report will be prepared in sufficient copies to allow 2 copies to be forwarded direct to the Surgeon, PBS. One copy of the report (WD AGO Forms 8-19 and 8-164 and supplemental reports) will be forwarded direct by the reporting unit to the Office of the Medical Advisor, G-4, Hq, MTOUSA, APO 512, U. S. Army. Letters of transmittal are not desired, nor are indorsements by higher headquarters to the reporting unit.

c. In addition to the information called for on Roster of Commissioned Personnel (WD AGO Form 8-164), the ASN of each officer reported will be shown, as will the following information pertinent to the separation from the service of each officer reported:

(1) Adjusted Service Rating Score.
(2) Date of entry into active service.
(3) Date of entry into foreign service.
(4) Date of birth.
(5) Category of Waiver. (In case of Class IV, state expiration date.)

SECTION VIII. DENTAL REPORTS.

1. A report of Dental Service, WD AGO Form 8-98 (Old Nomenclature MD Form 57) is required monthly from every military station and separate command where a dental officer has been on duty during the month. It will be signed by the dental surgeon. The report will be a compilation of the records of dental activities for the period. This report, including a copy for each of the higher echelons, when required, will be forwarded through medical channels before the fifth day of the next succeeding month. Division surgeons and surgeons of other separate commands will consolidate reports and will forward the consolidated report, with original individual unit reports attached, to the Theater Surgeon, Peninsular Base Section. All individual and consolidated reports will be submitted to and approved

by commanding officers before being submitted through medical technical channels to the Theater Surgeon. It is the responsibility of commanding officers to scrutinize and analyze the efforts of the dental officer, and to offer constructive criticism where needed.

Dental operations completed in a dispensary or clinic assigned to a tactical unit will be recorded on a separate report and signed by the dental surgeon of that unit.

2. Preparation of the Report WD AGO Form 8-98.

a. Section 1. - Enter station or command with its name, location, APO number and strength. The strength will include not only that of the unit itself, but also those attached thereto for whom dental service is actually available. The strength of a general dispensary, or units acting as a general dispensary, will be the approximate number of military personnel in the vicinity for whom dental service may be accomplished.

b. Section 2. - Enter the calendar month, or the beginning and end of the period, if less than the calendar month.

c. Section 3. - General Summary of Dental Service.

1. Admissions - Record total of US Army personnel admitted for routine treatment for the month as routine admissions, and those admitted for relief of pain or other intolerable (acute) conditions as emergency admissions for the calendar month. Column "Others" will be subdivided into POWs and "Others".

A rough balance between admissions routine and emergency and examinations, in Section 7, should exist.

Only one routine admission will be recorded for a patient during dental treatment, even though the treatment continues for more than one month. If there is a lapse or postponement of an appointment for an indefinite period, a new admission may be recorded.

2. Sittings Given - Each visit of a patient to a dental clinic for treatment is considered a sitting.

d. Section 4. - Classification of Military Personnel.

Enter the classification of the command from the last survey, if a survey has been taken during the month or modify the survey figures in following months, estimating changes in classification by a review of the number of patients called for treatment from the survey lists. Total of all classifications for any units will include personnel or units attached for dental service, and will equal the total number listed as strength in section 1 above. Units serving as general dispensaries will include classification of all units in the immediate vicinity not having assigned dental officers, for whom dental service may be accomplished. Reports of hospitals will not carry classifications of patients.

e. Section 5. - Duty Personnel.

1. Officer Personnel - Officer's name, rand and duty will be listed in 5a. Duty will be reported as dental surgeon; clinic, dental duty with: clinic, dental, chief of; surgery etc.; or whatever combination may apply. Any duties other than of a dental nature performed by the dental officer will be listed in detail, with an explanation of the number of duty hours involved per month.

2. Other Personnel. - Report only the number of enlisted men of each grade on duty with the dental service, which includes those attached from other units. Civilian employees will also be recorded by occupation.

3. Summary -

a. Separate listings will be made of the number of dental officers assigned, attached, and otherwise present for duty.

b. Total days of duty is the combined total of the number of days officers were assigned, attached or otherwise present for duty, including Sundays and holidays.

c. "Days lost" will be typed directly below "Total days of duty". This will include all days not present for duty with the dental clinic, and will include days lost by hospitalization, TDY, or leave for other than dental duty etc. An explanation of "Days Lost" will be made in Section 8, general remarks.

f. Section 6 - Case Diagnosed, and Section 7, Operations Performed.

1. General. - The standard terms of diagnosis will be used, so far as practicable; in accordance with Par. 5 AR 40-1010, 16 October 1943. The data for this section is obtained from the individual DD AGO Form 8-116, Register of Dental Patients (Old DD Form 79). No exact balance between sections 6 and 7 is desirable; however, the operations should be prepared from diagnosed cases in accordance with good professional practice. Operations performed which are not already printed in Section 7 should be added in the appropriate places.

2. Prosthetics. -

a. The diagnosis maxillae edentulous and mandible edentulous will be made only when a full upper or lower denture has been completed and inserted. Full dentures, under Section 7, should be balanced by the total of maxillae and mandible edentulous in Section 6. The diagnosis "tooth missing" is not recorded until an appliance is inserted. The entry placed opposite the diagnosis "tooth missing" in Section 6 will represent the number of artificial teeth actually inserted and not the number of natural teeth missing.

b. When a station takes an impression, completes the laboratory work, and then sends the denture to another station or command for insertion, the station or command actually inserting the denture will

take credit therefore under Sections 6 and 7. The station taking the impression and completing the laboratory work will cite such an accomplishment under Section 8, general remarks. Credit may also be taken for a sitting by the station taking the impression.

c. Credit for denture adjustments will not be taken on cases which were initiated at your station, unless the dentures have been in use for several months. Credit for adjustments may be taken on cases which were made in civilian practice or at another station. Credit may be taken for sittings for denture adjustments on all cases, and the diagnosis on WD Form 8-116 should be shown as "Reappointment" for cases initiated at your station. Diagnosis for cases made in civilian practice or at another station should be "Denture Defective".

g. Section 8. - General Remarks.

1. Reference should be made to inadequacies of personnel or equipment, or any other conditions which interfered with the maximum of professional dental service being performed for the period.

2. The total number of WD chests numbers 60, 61, and 62, engines, mobile, dental operating units, and X-rays available at any station will be reported.

3. Permanent transfers of officers will be shown, stating the date of transfer and organization to which transfer was made.

h. In Sections 3, 6 and 7 the column "Others" will be subdivided into two parts, thus making three columns with the respective headings Military, Others, and POWs. All admissions, sittings, diagnoses and operations for US Army personnel will be entered in the "Military" column. All admissions, sittings, diagnoses, and operations for prisoners of war will be entered in the "POW" column. For the purpose of this report, co-belligerents will be considered prisoners of war. All admissions, sittings, diagnoses, and operations for personnel other than US Army and prisoners of war will be entered in the "Others" column.

SECTION IX. VETERINARY REPORTS.

1. Veterinary Statistical Report (WD AGO Forms 8-19 and 8-164).

Necessary information concerning veterinary personnel, other personnel attached for duty with veterinary units, transportation, and material is rendered on the Statistical Report (WD AGO Forms 8-19 and 8-164). This form is adapted to the veterinary service by the insertion of the word "Veterinary" above the heading. This report will be rendered monthly and the information therin will agree with the morning report of the last day of each month. The report will be submitted by all veterinary officers commanding veterinary units or detachments or by the surgeons of units or detachments having veterinary personnel but no veterinary officer. This report form will be prepared in triplicate, the original being forwarded through medical channels for consolidation in such administrative offices as may be concerned. One will be forwarded direct to the Office of the Surgeon, PBS, and one copy retained by the organization submitting

the report. The strength of the command (Humans and Animals) receiving veterinary service from the unit or organization submitting the report will be shown. The monthly roster attached to the Statistical Report (WD AGO Forms 8-19 and 8-164) will show all Veterinary Corps Officers and enlisted men assigned or attached by name, rank and serial number. Changes of status of officers and enlisted men assigned or attached by name, rank and serial number. Changes of status of officers and enlisted men such as transfers and promotions will be indicated.

2. Report of Veterinary Meat and Diary Hygiene Inspection (WD MD Form 110). This report will be prepared in quadruplicate by the veterinarian of every field unit conducting food inspections reportable on WD MD Form 110, under the provisions of AR 40-2150, dated 9 October 1942. The original and duplicate will be forwarded to the unit surgeon, who will indorse and forward both copies, through medical channels, to the Surgeon, PBS. The unit surgeon will furnish the veterinarian with a copy of his indorsement. The triplicate, along with the indorsement of the surgeon, will be filed by the veterinary office in the veterinary history of the organization. The original and duplicate will be forwarded to the Surgeon, PBS. The quadruplicate will be forwarded to the contracting Quartermaster. In the absence of a veterinary officer, the surgeon will prepare and forward this report in accordance with existing regulations. In the preparation of the Report of Veterinary Meat and Diary Hygiene inspection, instructions outlined below in addition to those contained in AR 40-2150 will be followed:

a. The following sub-paragraphs as taken from AR 40-2150 are numbered to correspond with the numbered columns of MD Form 110 and contain instructions concerning the entry to be made therein:

(1) Enter in this column on each sheet of the report, the name and APO number of the unit for which the report is submitted (see par 22, a (1)).

(2) Make the entry in this space after striking out the inapplicable words in the space heading (see par 22, a, (2)).

(3) Enter in this space the mean human strength of the organization or command to which the reporting officer is assigned or attached.

(4) Enter in this column on each sheet of the report the appropriate designation of the class of inspection reported on such sheet (see par 17, a, (2), par 22, a, (4) and par 22, c).

(5) In column (5) the names of all paroducts and groups of products are shown. The list for all products requiring an inspection. However, any product subject to an inspection can be properly classified and reported under one of the names appearing in the list (see par 22, a (5) and MD Form 110 as revised 2 December 1942).

(6) Enter on the appropriate line in column (6) and on the proper sheet according to the classes of inspection, the total amounts of the various products inspected and passed. The amounts will be expressed in whole pounds without entering the word "pounds" or abbreviation thereof in the report, except that in reporting Class I and Class 2 inspections the amounts will be expressed as number of animals or carcasses (see par 22, a (6).

(7) Enter on the appropriate line in column (7) and on the proper sheets according to the classes of inspection the total amounts of the various products inspected and rejected because of failure to comply with prescribed requirements as to type, class, and/or grade. Entries will be made in this column only in the case of class 1, 2, 3, 4, and 8 inspection (see par 22, a (7)).

(8) Enter in the appropriate lines in column (8) and on the proper sheet according to the classes of inspection, the total amounts of the various products inspected and rejected because of insanitary and unsound conditions (see par 22, a (8)).

(9) The entry to be made here is outlined clearly in par 22, a (9) and needs no explanation.

(10) See par 22, a (10).

(11) See par 22, a (11).

(12) See par 22, a (12).

(13) See par 22, a (13).

(14) Enter here unusual conditions encountered during the period for which this report is rendered, storage facilities for frozen products and dry stores, their adequacy and suitability should be commented upon. Methods employed by the inspecting officer for the early detection of food spoilage should also be commented upon. Methods employed by inspecting officer for the early detection of food spoilage should also be set forth in this space (see also par 22, a (14)).

b. The entries to be made in columns (10), (11), (12), (13) and (14) will be made out on the last sheet of the assembled report. If there is not sufficient space under any space heading on the last sheet, the entry will be continued on the preceding sheet (see par 22, a (10) and par 22, i).

c. The report will be signed by the reporting officer on the last sheet of the assembled report only (see par 22, i).

d. The report will be forwarded so as to reach this office in duplicate (see par 23).

e. This report will include the following subjects on food sanitation, prepared in narrative manner and attached as an insert to the report:

(1) Ports.

(a) Describe prevailing conditions aboard cargo vessels as to conditions and sanitation of vessels and products upon arrival.

(b) State temperature of refrigerator compartments aboard vessels carrying perishable products.

(c) Type of storage in port area and nature of inspection.

(2) Dry Storage.

(a) Location of storage area.

(b) Sheds, warehouse, or open storage.

(c) Sanitary conditions prevailing in warehouses and storage areas.

(d) State methods of stocking and frequency with which stock piles are inspected, and methods employed to detect deterioration.

3. Veterinary Report of Sick and Wounded Animals (WD MD Form 102 and 115, and/or 115 b).

In order that higher authority may have constantly available general data relative to the number of sick and wounded animals, hospital accomodations, and the movement of the more important animal diseases, a veterinary Report on WD MD Form 102 (Veterinary Report of Sick and Wounded Animals) is required from all Veterinary units and detachments with animals. This report will be prepared in quadruplicate by the senior veterinary officer, in accordance with AR 40-2235, AR 40-2245, and TM 8-450, as amended by Change 1, dated 7 July 1942. The original and two copies of WD MD Form 102, along with the original of the 15 and/or 115b, will be forwarded through medical channels to the Surgeon PBS. The quadruplicate WD MD Form 102 will be filed in the veterinary history of the organization submitting the report. In the preparation of the Veterinary Report of Sick and Wounded Animals instructions outlined below in addition to those contained in AR 40-2245 and TM 8-450 as amended by Change 1, will be as follows:

a. Emergency Veterinary Tag (MD Form 115b), see AR 40-2245.

(1) A tag will be prepared for each animal requiring hospitalization in the unit, or evacuated to another hospital for treatment. The tag will remain with the patient until the case is disposed of by return to duty or death. After the patient has been dismissed from the hospital, the tag will be forwarded to the Surgeon General (through medical channels) at the end of the month as an insert to MD Form 102.

(2) Tag Number. The entry under "Tag Number" is the register number of the patient when it is admitted to sick report and should not be changed when the animal is moved from one substation to another, neither should additional entries be made in this space. Use the original number until the case is terminated.

(3) Classification. For classification see paragraphs 4, 10, 13, 17 and 18. "Est". will be written after the number determining the age.

(4) Identification. The Preston Brands used in the North African Theater are not standard, so the words "Brand Verified" should be shown in this space along with the brand (see par 19, AR 40-2245).

(5) Organization. Here should be entered the name of

the patient's organization. Example: "6742nd QM Remount Depot (Prov) or C Btry, 601st F.A. Bn., V Army". No other entry in this space is necessary.

(6) Station Where Tagged. The substation's name and number should be entered here. For example Q-566, Q-572, and Q-581 or Veterinary Dispensary 601 F.A. Bn.

(7) Date. Enter day, month and year, i.e., 4 May 44 (see par. 23, AR 40-2245).

(8) Hour. The time the patient was admitted to the hospital should be entered here.

(9) Diagnosis. The diagnotic nomenclature given in existing regulations and TM covers practically all cases admitted to sick report (see Par 25, AR 40-2245 and par 2 a, TM 8-450 as amended by Change 1). All cases admitted for operation will be carded as such with the technical name of the operation in parentheses. Also designate pathologic or non-pathologic (see par. 25 d (1). In the past, cases of dermatitis, non-specific, have been repeatedly carded as mange suspects. Some of these cards have gone forward without a change in diagnosis. In the future all such cases will be carded "dermatitis simplex", and should laboratory findings disclose mange mites to be present, the diagnosis will be changed under "complications", supersed by the correct date. This will also hold true of epizootic lymphangitis suspects and other diseases of a reportable nature. Also in this space will be shown the location, cause and variety of disease or injury as applicable (see par. 25 c (2). Such entries as wounds, gunshot, are not sufficient to describe the condition. It should be located in a region as outlined in Figure 12, Regional Chart, Change 1, TM 8-450.

(10) Complications. Record complications and intercurrent diseases appearing subsequent to admission, surgical operations and changes of diagnosis (see par 31, AR 40-2245). Operation to correct an abnormality will be shown in this space as outlined in par. 32, AR 40-2245. Castration will be shown as 040 Emasculation of R and L Testicles. Note will be made of anaestheric used and dosage. Laboratory confirmations of clinical diagnosis and autopsy findings will also be recorded in this space. Do not put these under the space afforded for final dispositions, except in such cases where the animal has previously been tagged in another station and evacuated.

(11) Signature with Rank and Organization. The officer admitting the case to sick report or the officer in attendance, will sign in this space.

(12) Evacuated to and Date. Entry will be shown here only when the transfer is of a formal nature. No intra-organization transfer will be shown.

(13) Final Disposition. The correct entry in this space is duty, in which it is assumed that the patient has made a complete recovery. Duty improved, indicates the patient has a partial disability and further treatment would be useless, in which case the degree of disability should be expressed in percentages. Death indicates the animal died as a result of the cause of admission. Other causes of disposition are: destroyed to prevent contagion, destroyed to prevent further suffering

and strayed or stolen (see par 33, AR 40-2245).

(14) Total Days Treatment. Entry here is the actual number of days the animal received treatment. The day of admission being a day of treatment and the day of discharge being a day of duty.

(15) Date. Enter the day, month and year the patient was discharged from the hospital (see par 7 above).

(16) Name and Rank. This space will be signed by the Senior Veterinarian on duty with the organization.

(17) WD Form 102.

(a) First Section. All data required by instructions under command will be furnished. Under first section, Remarks, include only animals in "Gains and Losses" that are received from or discharged to installations outside the parent organization. Change in animal strength of any one of the sub-organization as the result of inter-organization transfer should not be included in this space. Change of strength should be shown as outlined in figure 10, Change 1. TM 8-450.

(b) Second Section. Line (D) of the current month should correspond with the entry on Line (L) of the previous month. The entry on line (E) will be those patients only received from your command. Line (F) should be patients received from sources other than your command. These cases should be accompanied by E.V. Tags. If they are not, then you will prepare the original tag at your station. Enter on Line (J) patients only which are transferred to veterinary installations not under your control. Transfer within the parent organization will be shown on this line.

(c) Patient days should be the patient days only for the period for which the report is rendered. This includes all complete and remaining cards for the period. For example: The patient was admitted January 1 and returned to duty March 4. Total days treatment on the E.V. Tag will show 62. However under Patient Days on the W D Form 102 for January should be counted 31 days, for February 28 days, for March 3.

(d) Reportable diseases will be shown in the "Third Section" and will be only those diseases listed in paragraph 6, AR 40-2090.

4. Veterinary Health Certificate (WD WD Form 101).

A veterinary Health Certificate (WD WD Form 101) will be prepared whenever one or more animals are moved or shipped from one station or command to another, or to civilian control by sale. The purpose of this report is to inform the veterinarian of the station receiving the animals of their condition at the time of shipment, date of last Mallein test and other pertinent facts. It is not rendered by one organization to another at the same station. Certificates are made out in quadruplicate, depending on the circumstances of the shipment (AR 40-2035 and TM 8-450).

The original and two copies are forwarded directly to the veterinarian of the receiving station, one co y is furnished the carrier, if any, and one copy is retained for file. Following the required quarantine period (AR 40-2035), the receiving veterinarian completes the original and two copies of the form by the addition of information concerning the points at which the shipment was unloaded or enchamped, the number and causes of any deaths enroute, the physical condition of the animals upon arrival, and any other pertinent information considered necessary. The completed original and one copy will be forwarded to the Surgeon PBS and the duplicate retained in the station file.

5. Other veterinary reports required or deemed necessary, will be submitted as directed in applicable Army Regulations or by subsequent directive of this office.

SECTION X - REPORT OF ESSENTIAL TECHNICAL MEDICAL DATA.

1. Reference is made to WD AGO Letter 350.05 (28 June 1943) OB-S-D-M, subject Essential Technical Medical Data from Overseas Forces. Letter AG 729/14 Surg-), NATOUSA, subject as above, dated 22 August 1943, is rescinded. The report will be made out by all hospitals and the 88th Division. The following principles will govern in preparing the report.

a. Effect of Climate upon Personnel, Medical Equipment, and Supplies.

b. Organization of Medical Service.

(1) Situation Map. This will be made only when deemed necessary. It is not intended to disclose tactical military information.

(2) Evacuation Policy. Only when some unusual situation arises. List number of cases evacuated elsewhere for further hospitalization and treatment. Hospitals will calculate what percentage there are per month of the total number of hospital admissions that month.

(3) Inadequacies existing in tables of organization.

c. Surgery. Discuss the more important surgical problems with special emphasis upon battle casualties, and with respect to such subjects as follow. Incidence and mortality may be calculated against any suitable base provided the method of calculation is consistent and clearly set forth.

(1) Wounds, by type (e.g., head, chest, abdomen, and extremities), giving approximate incidence and mortality as well as general information.

(2) Burns, blast injuries, and frost-bite, immersion-foot, shelter-foot, and other circulatory disturbances of the extremities, giving approximate incidence and mortality, morbid complications, and best methods of prophylaxis treatment.

(3) Transfusion of whole blood, plasma and albumin.

(4) Use of sulfonamides and penicillin for prophylaxis and therapy.

(5) Surgical infections and the means used to combat them.

d. Medicine.

(1) Discuss the outstanding medical causes of hospitalization and evacuation, including reference to diseases with undue or increasing incidence. Give such geographic and command breakdowns as may be required for understanding the particular disease in the theater in question. Indicate the efficiency and deficiencies of measures employed for both prevention and treatment of important diseases. Include discussion of mosquito, louse, and other insect control operations, field sanitation, quarantine, chemoprophylaxis, chemotherapy when pertinent. Comment on interesting cases.

(2) Outline problems which seem especially deserving of further research or investigation by the Surgeon General, and make any suggestions which promise to improve the medical care.

(3) Comments will be made on venereal disease control. When deemed necessary, recommendations will be concerning control measures that would have to be carried out by a higher headquarters. Number of cases treated during the month will be outlined with results.

(4) Neuropsychiatric diseases. Include occasional breakdowns of admissions into board diagnostic categories, and also estimates of the proportion of neuropsychiatric admissions adjudged to be not in line of duty, of the proportion classified as battle reaction, of the amount of psychosomatic disease escaping neuropsychiatric classification, of the proportion of N-P admissions returned to duty, and the relative importance of specific percipitating factors. Discuss types of treatment found especially effective, and comment on morale with particular attention to attitudes and beliefs observed in officers and enlisted men.

e. Care of Dependents. Include comments on obstetrical service and any other services rendered to dependents of military personnel. Discuss any problem arising in this report.

f. Nutrition. Designation of the rations issued to troops and hospitalized patients, with comment as to their nutritional adequacy and acceptability. Give any pertinent facts about the need for, or the use of, vitamin supplements.

g. Medical Supplies and Equipment. Any experience of the theater suggesting specific changes in:

(1) Specifications for items of equipment.

(2) Methods of packaging and shipping.

(3) Tables of special lists of equipment, (whether adequate or excessive as to quantities or as to items included).

(4) The amounts furnished for maintenance and dispersion.

(5) Medical maintenance units and final medical reserve units, as to composition, adequacy and use.

(6) Present provisions for repair and replacement of parts. (Suggestions for specific items and the quantities needed).

(7) Amounts provided for monthly replacement of field equipment (individual, organization and unit).

(8) Personnel assigned to medical supply work and its training.

(9) Depot stocks.

2. It is not to be expected that each report will cover every subject outlined above. An elaborate statistical report is not desired, but certain estimates of incidence, mortality, etc., will frequently strengthen the report, especially if based on representative experience. Suggestions for corrective action should be specific.

3. The report will be submitted in duplicate to this office through technical channels. One copy will be sent directly to the Medical Advisor, HHUSA, APO 512.

SECTION XI. REPORT OF NURSES.

1. A report of nurses will be submitted each month through technical channels to this office. The report should be compiled by the Chief Nurse of each hospital and forwarded by the 5th of the succeeding month. Only one copy is necessary.

2. The following information will be included in the monthly report:

a. Total number of personnel by rank and by branch of service assigned as of the last day of the month.

TOTAL PERSONNEL ASSIGNED AS OF LAST DAY OF MONTH

Female Personnel	Lt.Col.	Major	Captain	1st Lt.	2nd Lt.	Civilian	TOTAL
ANC							
PTA							
HD							
ARC							
Total							

b. Total number of personnel by rank and by branch of service on temporary duty or detached duty service assigned as of the last day of the month.

TOTAL PERSONNEL ON TEMPORARY DUTY OR DETACHED SERVICE DURING MONTH

Female Personnel							
ANC							
PTA							
HD							
ARC							
Total							

c. A nominal roster of female personnel (U.S. Army only) assigned as of the last day of the month to include name, rank, serial number, ASRS, MOS, category of waiver signed (indicating date, if category 4), principal duty, physical status (GA or LD), date of entry active duty, date of entry foreign service, date of birth, marital status, and number of dependants under 14 years.

d. A nominal roster of transfers into the reporting unit to include name, rank, and serial number, and unit reporting from.

e. A nominal roster of transfers out of the reporting unit with name, rank, serial number and unit reporting to.

f. Illness: Complete for each individual ill during the month:

NAME	RANK	DATE ADMITTED	DATE DISCHARGED	DIAGNOSIS

(1) Total days lost because of illness_____

g. Assignment to duty.

	Number of Nurses	
	Day Nurses	Night nurses

h. Hours of duty

i. Recreation. Type of activities provided. Included rest camps.

j. Training program. Include brief description of the program during the month.

k. Remarks. Include marriages during the month and items not covered by this report.

SECTION XII. HOSPITAL FUNDS.

1. Reference is made to C4, AR 40-590, dated 31st August 1945, WD Circular 289, dated 22 September 1945, and chapter VII, TM 8-262. Hospital commanders will administer hospital funds in accordance with these regulations and directives.

2. Hospital funds will be utilized to the fullest extent possible in providing for the procurement of facilities, equipment or services which contribute to the comfort, pleasure, contentment and mental and physical improvement of patients in the hospital. Hospital personnel themselves are not excluded from benefits provided for by the fund as long as they

do not interfere with the patients' welfare.

3. The maximum and minimum net working capitals will be set at $15 and $10 per bed respectively. A subsistence account will not be maintained as part of the hospital fund. Money received for subsistance from those who are required to pay cash for meals will be turned over to the Quartermaster sales officer.

4. Accounting procedures will be established according to TI 8-262. on inactivation of a unit, the fund will be forwarded to the Central Hospital Fund, Office of the Surgeon General, Washington D. C. The monthly report MD form 49, will be prepared in triplicate. The original and duplicate will be forwarded to this office, and the triplicate copy retained by the unit.

SECTION XIII. HOSPITAL DISPOSITION BOARDS.

1. General. During the past year, approximately seven per cent of all patients admitted to hospitals in this theater have been evacuated to the United States upon recommendations of medical disposition boards. This percentage may not appear to be large, but the loss of this amount of trained personnel and the problems of replacing them affect the efficiency of every unit in this theater.

2. Composition.

a. Hospital disposition boards are formed under the provisions of par 7, AR 40-590. The board will consist of a minimum of three officers, Medical Corps, at least one of whom is of field grade, and will include the chiefs of the medical and surgical services respectively. A psychiatrist will be a member of the board in all cases where the patient gives indication of a mental condition. In addition, a company grade medical officer may be appointed at the discretion of the hospital command to serve as recorder of the board. It is considered beneficial to have on the board at least one member with field service in this theater.

b. Members of a disposition board will not ordinarily present a patient for disposition.

3. Functions.

a. It is the duty of hospital disposition boards to make recommendations as to the disposition of patients brought before them.

b. Members of hospital disposition boards will familiarize themselves with the rules of procedure governing such boards and pertinent regulations and publications. References are:

(1) Article of War 107.

(2) Army Regulations 35-1440, 40-105, 40-590, 40-600, 40-1025, 345-415, 420-5, 605-230, 615-360, 615-361, 615-368 and 616-369.

(3) War Dept. Circular 313, dated 12 October 1945

(4) Mobilization Regulations 1-9 and current changes thereto.

(5) HTOUSA Circular 84, dated 9 June 1945.

4. General Conduct of Disposition Boards.

a. The major responsibility of hospital disposition boards is to return to duty every possible officer and enlisted man. Furthermore, the board is to recommend retention of every man within the theater who is believed capable of performing useful duty. In order to make proper decisions, board members must familiarize themselves with the problems and capabilities of personnel centers.

b. Recommendations as to disposition will not be discussed, at any time, within the hearing of patients, nor announced to a patient until such time as the findings of the board are approved by the hospital commander. Previous conditioning of patients to the possibilities of "other than general duty" assignment or evacuation to the Zone of the Interior, caused by indiscriminate discussion, increase the difficulties for proper recommendations by the disposition boards. Strict adherence to this policy by all members of hospital staffs will markedly influence an increase in the number of patients returning to general duty. No patient returning to the Zone of the Interior will be told that discharge is probable, or even contemplated in his case.

c. (1) Whenever it is apparent that evacuation to the Zone of the Interior is evident, the patient will be brought before a disposition board with the least possible delay.

(2) The length of time between admission to the hospital, completion of the board Procedure and eventual evacuation to the Zone of the Interior will be held to a minimum in order to free as many hospital beds as possible.

d. Hospital disposition boards will not review the status of members of their own unit. Such personnel should appear before a disposition board of another hospital whenever there is a possibility that they may be evacuated to the Zone of the Interior.

e. American Red Cross personnel whose physical or mental condition precludes assignment to duty in this theater commensurate with their classification will be evacuated to the United States through medical channels; provided that such personnel have been recommended for evacuation to the Zone of the Interior by a disposition boards acting as such.

5. Reboarding.

The findings of an authorized hospital board designating patients as Class "B" will be considered final by disposition boards of other hospitals to which the patient may subsequently be transferred except when patently obvious that a mistake or gross error in judgement has been made by the disposition board of the transferring hospital. In such cases, the facts will be submitted to the Surgeon, PBS, for decision as to whether the patient should be reboarded. In the case of a person who was originally classified as a Class "C" patient, and who can be reclassified as Class "A", that person may be readmitted to the hospital to appear again before an authorized disposi-

tion board for change of classification.

6. Conduct and Reports of Proceedings.

a. The conduct of hospital disposition boards will conform in general with the provisions of Section I, AR 420-5. WD AGO Form 8-118 will be used.

b. Reports of proceedings will conform with the sample attached form. True copies of reports will be distributed as follows:

(1) Original to form a part of the patient's medical record.

(2) One carbon copy to be filed at the hospital boarding the patient.

(3) One carbon to be forwarded through technical channels to the Surgeon, PBS, APO 782.

c. In the case of reclassification of officers, distribution of board proceedings will also be in accordance with WD Circular 313, 12 October 1945.

d. No board proceedings will be accepted as final till approved by the Surgeon, PBS.

SECTION XIV. ADMISSION AND DISPOSITION REPORT.

1. Reference is made to WD Circular 14, dated 11 January 1945. WD AGO Form R-5013. This report will be made out daily. All patients, both military and civilian, of all nationalities, will be shown on the A & D report. The principles outlined in the above named circular will be followed in making out the report.

2. Two copies of this report will be forwarded to this office daily, one copy kept on file at the hospital, and three attached to each corresponding copy of the morning report of the Detachment of Patients of the Hospital.

SECTION XV. MEDICAL HISTORICAL DATA.

1. Reference is made to par. 5 and 6, AR 40-1005. At the end of the calendar year the commanding officers of hospitals, supply depots, and other medical units will forward through technical channels to the Surgeon General a report of its activities during the year. The surgeon of each division, air force, task force, base command, and independant tactical unit smaller than a division will also submit reports.

2. Such reports will be submitted in triplicate to the Surgeon, PBS. The information should be in narrative form. It is well to keep in mind that more rather than less detail would be of greater value, and that there is no necessity for a formalized report. Photographys, sketches, maps, diagrams and statistics are most valuable and should accompany the data whenever possible.

The following is an outline of some of the more important subjects that may serve as a general guide;

a. Experiences of individuals and units under unusual circumstances.

b. Improvisation of techniques, procedures and equipment.

c. Means used to conserve manpower, utilization of replacements, service units, civilians.

d. Housing and construction problems.

e. The hospitalization and evacuation of U. S. Army and other patients.

3. Units being inactivated will submit final histories in the same manner as mentioned above.

SECTION XVI. PUBLICATION OF ARTICLES BY MEDICAL DEPARTMENT PERSONNEL.

1. Reference is made to AR 40-1005, Section II, G.O. No. 2, 14 April 1944, Section I, War Department Circular 311, 14 September 1942, and War Department Circular No. 337, 7 October 1942.

2. All articles prepared by officers and enlisted personnel of the Medical Department for publication will be submitted through technical channels to The Surgeon General's Office, accompanied by a letter requesting authority for publication or presentation. Each article will be accompanied by a separate letter. If an author so desires, The Surgeon General will forwarward an article directly to the editor for publication, provided the author specifies the journal and provided the article is approved. Arrangements for reprints must be made directly by the author with the publisher and at no expense to the Government.

3. The publication of results of clinical observations in the Army is encouraged. Accounts of military medical experience, especially in theaters of Operation, are desired for inclusion in the Bulletin of the U. S. Army Medical Department. Owing to the shortage of paper, reviews which do not improve upon available publications and reports which deal with small numbers of cases of common conditions are discouraged.

4. Attention is directed to the following requirements for the submission of articles for approval:

a. Two copies of the article (one of which must be an original) and of all illustrations will be submitted. The article will be typed with double spacing throughout and the pages numbered consecutively.

b. The author's military title, including grade and corps, will be given, but specific military assignments, academic degrees, and society memberships will not be included. Previous civilian positions may be indicated in a footnote; e.g., "Professor of Medicine, Blank University, on leave of

absence". The author's military address will not be published. The names of superior officers who are not concerned in the authorship will not be mentioned.

c. Articles based, wholly or in part, on observation made at civilian institutions before the author entered active military service should be indicated as such by a footnote.

5. Authors will be guided by the following policies in the preparation of articles for publication:

a. Articles will not be approved if they contain material which is:

(1) Contrary to G.O. No. 82, 1919, or paragraph 8, AR 310-10.

(2) Not in accord with the facts or established principles of medical science.

(3) Contrary to the policies of the Surgeon General in regard to professional practices.

(4) Capable of being interpreted as representing, without authority, the official policy of the Army.

(5) Harmfully critical of an agency of the United States or its allies.

(6) Malicious, trivial, or in conflict with the rules of medical ethics.

b. The language should conform to a good standard of English especially as to clarity and conciseness.

c. Neither adverse criticism nor praise of individuals in the service is considered proper.

d. Identification of patients by means of names, initials, Army serial numbers, or hospital numbers will be avoided.

e. Army abbreviations not in common use in civil life should not be used; e.g., "CDD". Terms which have special meanings in military use should be explained; e.g. "disposition" and "classification".

f. Conclusions should be based upon the data presented in the article.

g. Tables, charts and illustrations should be numbered separately on separate pages and supplied with adequate headings and legends.

h. Specific references should be made to pertinent previous studies. References not used in the preparation of the text or not read by the author will not be included. If an original reference has not been read by the author but is obtained from another source, it will be so indicated and the source quoted. The reference will include the author's name,

the title of the article, and the volume, page and date of the publication; in the case of books, the publisher and place of publication should be added. The bibliography will be arranged in alphabetical or chronological order or in the order in which references occur in the text.

6. Articles will not be published unless approved by the Office of The Surgeon General and by the Bureau of Public Relations, War Department, Washington D. C. When publication or presentation is authorized, a letter will be sent to the senior author, but no reference to such authorization will be published. If an article is not approved, it will be returned through channels to the senior author. If approval is withheld for needed revision, this will be indicated. Following revision, the article should be resubmitted.

SECTION XVII. STANDARD TERMS FOR DIAGNOSIS.

1. All nomenclature of disease and methods of recording diagnoses will be written in accordance with TB Med 203, 19 October 1945. In exceptional cases the Standard Nomenclature of Disease and Operations, published by the American Medical Association, may be used.

SECTION XVIII. NOMINAL ROLLS OF HOSPITALIZED FOREIGN PERSONNEL.

1. Authorized foreign military personnel who cannot reasonably obtain medical care from installations of their own country shall be treated and hospitalized at U.S. Army medical facilities. The term authorized military personnel refers to personnel of allied or co-belligerent military forces.

2. Commanding officers of hospitals will submit reports in quadruplicate (1 original and 3 clear carbons), monthly to the Surgeon General, U.S. Army, Washington 25, D. C. through medical technical channels. See sample form.

3. Charges for subsistence and medication will be levied against all foreign civilian personnel. Entry will not appear on Nominal Rolls. Charges determined to be uncollectible, may be written off by authority of the commanding officer of the hospital. (Section 12 (2) d, AR 40-590).

SECTION XIX. PREPARATION AND DISPOSITION OF RECORDS OTHER THAN U.S. ARMY.

1. Conventional U.S. forms will be used to record treatment of all personnel treated in U.S. Army Medical Installations who are not U.S. Army personnel. These records will be forwarded to this office in the same manner as those of American military patients.

2. In the case of British Army personnel hospitalized in American Hospitals, British Army Form I 1220 will be filled out in each case and forwarded with his other records to this office. A supply of these forms may be obtained from this office.

SECTION XX. REPORTING OF ARMY PATIENTS IN OTHER THAN U.S. ARMY MEDICAL INSTALLATIONS.

1. The nearest U.S. Army Hospital is responsible for the maintenance of records and the administration of U.S. Army Personnel in other than U.S. Army Hospitals. Until such patients can be transferred to a U.S. Army installation, the nearest U.S. Army Hospital will report such patients as direct admission under "Hospital" in the Statistical Health Report, and carry them in the Patient's Table until disposed of, as if treated by the reporting unit. Appropriate note will be made in the Remarks Section of the WD AGO Form 8-122 or on the supplementary sheet, indicating the number of U.S. Army patients in Allied military or civilian hospitals as of Friday midnight, and the number of days lost during the report period by such patients.

SECTION XXI. PAYMENT OF VOUCHERS FOR DONATION OF BLOOD FOR TRANSFUSIO

1. In order that persons furnishing blood for transfusions may be paid promptly, payment may be made locally in the amount of $10 for each transfusion. Vouchers (WD AGO Forms 8-9 and 8-10) covering cost of transfusion will hereafter be submitted to local finance officer for payment. Charge for such local payment is to be made to appropriation M and HDR 1942-46 61-121 PH13-07 212/60805, which is an open allotment.

2. At the close of each month a copy of each voucher upon which local payment is authorized, will be submitted by the Commanding Officer of the Hospital or medical installation to the Surgeon PBS.

SECTION XXII. TRANSFER OF X-RAY FILM.

1. Exposed X-ray film will be disposed of in the following manner:

a. If a patient is transferred to another hospital or to the Zone of the Interior for further treatment, his films will accompany him as part of his clinical record. If he is returned to duty, his films will be filed at the last hospital treating him. When this hospital is inactivated or disbanded, the film will be salvaged. If a patient's films are not forwarded with him on evacuation to the zone of the interior, and his new hospital is not known, the films will be forwarded as follows:

Officers - Officers' Branch, Adjutant General's Office, Washington, D.C.

Enlisted Personnel - Military Information Section, Enlisted Branch, Adjutant General's Office, Washington, D.C.

b. X-ray films of the chest or other parts of the body made as a part of the final type physical examination in the following categories will be sent to:

War Department Records Branch
Adjutant General's Office
Washington 25, D.C.

Attention: Officer in Charge
703 Columbia Pike

for file prior to permanent transfer to the Veterans' Administration:

(1) All applicants for appointments as officers (including nurses, dietitians, physical therapy aides and officers of the Women's Army Corps) and warrant officers.

(2) All officers (including nurses, dietitians, physical therapy aides, and officers of the Women's Army Corps) or warrant officers examined for active duty.

(3) Students or graduates of officer candidate schools who are applicants for appointment.

(4) All cadets, United States Military Academy, and all candidates for the United States Military Academy.

(5) All individuals in the above categories at the time of relief from active duty or discharge from the service.

SECTION XXIII. INFORMATION WITH RESPECT TO DIAGNOSIS, ETC., MEMBERS OF THE ALLIED ARMIES.

Information concerning the diagnosis, treatment, line of duty, and allied matters will not be furnished to members of the Allied Armies treated in U.S. Army hospitals. This information is considered confidential and privileged, and only certain bona fide inquiries should be answered.

SECTION XXIV. MICROFILM SERVICE.

1. The Army Medical Library has made available a service for reproduction of professional literature on 35 mm microfilm as announced in March 1944 Bulletin of U.S. Army Medical Department.

2. Request for microfilmed material must include the complete reference, that is: title, author, date, volume and pages.

3. Legitimate requests for bibliography will be filled by the Army Medical Library as part of same service. Requests for bibliography should clearly define subject and years to be covered.

4. Requests for microfilm service should be addressed to:

The Photo-duplication Service, Army Medical Library,
7th and Independance Avenue, S.W., Washington 25, D.C.

5. The Surgeon General has under consideration a plan to procure microfilm projectors for hospitals. In addition, hand type viewers are available from the Army Medical Library at a cost of 3.75 dollars.

SECTION XXV. CORRESPONDENCE OF TECHNICAL MATTERS.

It has been noted on a number of occasions recently that direct correspondence on technical matters has been had with agencies of the War Department without reference to this office. It is desired that this practice be discontinued and that all correspondence be submitted through technical channels.

SECTION XXVI. NUMBERED GENERAL HOSPITALS.

In order to obviate the statistical confusion arising in the War Office (Br) and the War Department (US) from the system of hospital designation by number, all US general hospital will be referred to in all correspondence reports, returns, etc., as _____ General Hospital (US).

MONTHLY REPORT OF VENEREAL DISEASE OCCURRING IN ORGANIZATIONS

OF _____ FOR THE _____ WEEK PERIOD ENDING _____ 194__.

*Colored
S-Southern District PBS

	Mean Strength of Command	NUMBER OF INDIVIDUALS DEVELOPING VENEREAL DISEASE					Total Cases	Rate per 1000 per annum	Total days lost from duty during period
		Syphilis	Gonorrhea	Chancroid	Lympho Granuloma Venereum	Granuloma Inguinale			

APPENDIX #78

CONFIDENTIAL

STATION HOSPITAL

Report of HOSPITALIZATION of authorized foreign personnel for the month of _____ 194 .

Name in full	(country) Authorized Personnel	Rank	Organization	Inclusive dates of Hospitalization	Number Patient Days	Diagnosis
Bell, Jay Henry	England	Cpl.	Staff Hq. Wash., DC	7-5--7-11	7	Tonsillitis, Chronic follicular, bilateral
Smith, John	England	Capt.	RCAF	7-5--7-31	27	Sclerosis, multiple
					--	
					34	

I certify that the foregoing statement is correct.

(To be signed by the Commanding Officer of the hospital)

CONFIDENTIAL